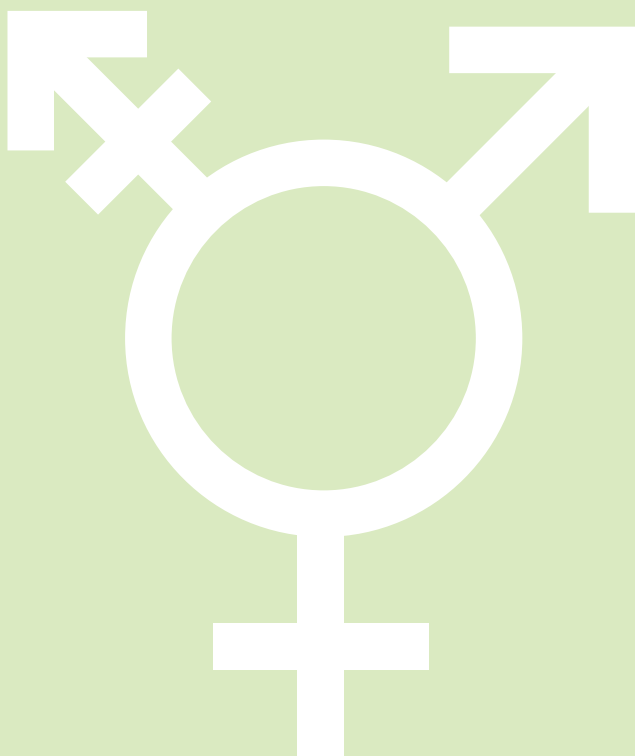




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Wales



It's just good care

A guide for health staff caring
for people who are trans*

Contents

- 1** Introduction
- 2** The term trans*
- 3** Summary
- 5** NHS Wales principles and values and legal context
- 7** What does good care look like?
- 8** Key issues
- 13** The role of support groups
- 14** Putting it into practice
- 15** Examples from NHS Wales
- 16** In brief
- 17** Appendix A - Glossary of terms
- 19** Appendix B - the legal duties
- 22** GIRES - Gender Identity Research & Education Society
- 23** UNISON - the public service union
- 24** NHS CEHR - NHS Centre for Equality & Human Rights



As health staff, we have a responsibility to ensure all our patients are treated with dignity and respect. But this doesn't mean treating everyone the same. Trans* people face considerable ignorance, prejudice and discrimination in their daily lives, which impacts on their general health and well-being. Informed and appropriate healthcare can make a significant improvement to their health outcomes.

This Guide was originally produced jointly by the Gender Identity Research and Education Society (GIRES), and UNISON, the public sector trade union. The NHS Centre for Equality and Human Rights (NHS CEHR) was granted permission to update and adapt the Guide to fit with the NHS in Wales. It aims to help health staff provide trans* people with the respectful and appropriate care they are entitled to. Trans* people work in the NHS and they rely on the NHS for their healthcare - trans* equality matters to us all.

Introduction



The term trans*

Trans* is an umbrella term used to describe the whole range of people whose gender identity and/or gender expression differs from the gender assumptions made about them at birth on the basis of their genital appearance, and consequent sex assignment. The term applies to anyone whose gender identity is partially or completely at odds with their assigned sex. It includes individuals who are intersex, as well as those who undergo reassignment, and others who have non-binary or non-gender identities.

Appendix A to this guide contains a Glossary of Terms and **Appendix B** contains information on the legal duties.



- Trans* people are a wide and very varied group of people: care should not be presumed but should be agreed with the individual
- People should be accommodated according to their presentation: the way they dress, and their current names and pronouns
- This may not always accord with the sex appearance of the chest or genitalia
- A gender recognition certificate (GRC) or legal name change is not relevant to someone's treatment.
- There is a need to consider toilet and bathing facilities (pre-genital / chest surgery trans* people should not have to share open shower facilities)
- Views of family members may not accord with the trans* person's wishes: the trans* person's view takes priority
- Privacy, confidentiality, dignity and respect are of the utmost importance
- Health records should protect the confidentiality of trans* people's gender history while flagging for appropriate screening, diagnosis and treatment.

Summary



Some trans* people are intensely uncomfortable with the social role typically associated with the sex they were assigned at birth. They may also be intensely uncomfortable with their primary and secondary sex characteristics. This discomfort is known as gender dysphoria. Other trans* people may be anywhere on a spectrum between 'man' and 'woman'. Some people find the concept of gender does not apply to them at all and regard themselves as non-gender. Gender identity issues are separate from those of sexual orientation.

Anatomical and functional brain differences are found in trans* people, sometimes associated with genetic factors. These vary from person to person and cannot be regarded as diagnostic markers. However, research confirms that gender dysphoria has biological ingredients. It is not a mental illness. Adjustment of gender role (transition) and gender expression is not a life-style choice, although a person's social environment almost certainly influences how they resolve their discomfort. Further details can be found on the GIRES website at: www.gires.org.uk.

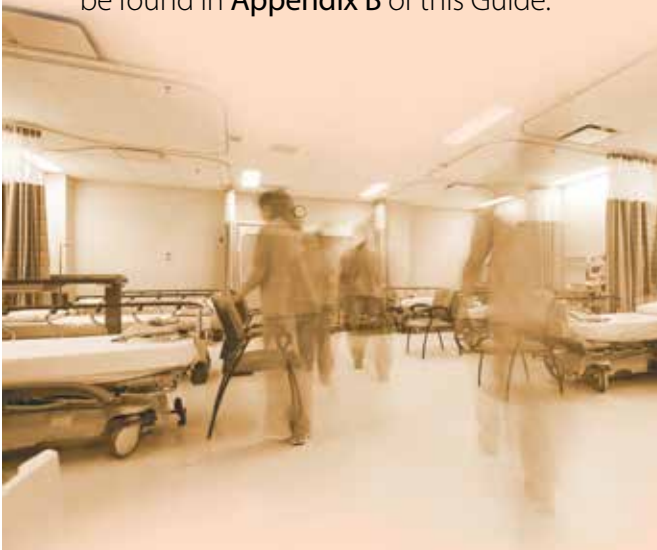
Some people who experience gender dysphoria adjust their gender role and their physical sex characteristics, with the assistance of medication and sometimes surgery, so that they fit with their gender identity. Diagnosis of gender dysphoria depends on the individual declaring their persistent gender discomfort.

"The expression of... identities that are not stereotypically associated with one's assigned sex at birth, is a common and culturally-diverse human phenomenon that should not be judged as inherently pathological or negative."

(Bockting CE et al. Standards of care for the health of transsexual, transgender, and gender-nonconforming people, Version 7. Int J Transgend 13:165–232; 2011).

The Equality Act 2010 entitles people 'proposing to undergo, undergoing, or having undergone gender reassignment' to non-discriminatory health services that have regard for their dignity, privacy, and personal autonomy. This legal protection extends to those associated with the service user, such as family and friends. It also places a positive duty on public authorities to promote equality for all of the protected groups and requires Welsh public bodies to demonstrate how they pay 'due regard' to equality when carrying out their functions and activities. Information about the Equality Act 2010, the specific duties in Wales and the protected characteristics can be found in **Appendix B** of this Guide.

NHS Wales principles and values and the legal context



NHS Wales is committed to putting patients at the heart of decision-making, and to ensuring respect and dignity for all. Health Boards and Trusts are required to show evidence of how they are addressing health inequalities and publish reports on the progress they are making against their strategic equality plans.

The Human Rights Act 1998 gives similar protections to all people. Unlike the Equality Act, human rights principles do not depend on showing that one person has been treated worse than another. It is enough that the person has, for instance, been treated with disrespect against their dignity, personal autonomy, choice, or privacy.

Some trans* people obtain GRCs under the Gender Recognition Act 2004 (GRA). The Certificate recognises their acquired gender status for all legal purposes, and enables those whose birth was registered in the UK to obtain a new birth certificate, get married in their acquired gender and when needed, their death certificate will be in their acquired gender . It gives people an enhanced right to privacy about their trans* history (GRA section 22), in addition to the privacy to which all people are entitled under the Data Protection Act 1998.

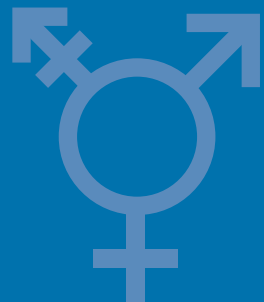


Most trans* people depend on the NHS for gender confirmation treatments and genital/chest reconstruction surgery. All trans* people rely on the health service for their general health needs.

Progress has been made in tackling discrimination towards trans* people in the NHS with some organisations taking systematic steps to meet the needs of trans* service users and trans* staff. These are beacons of good practice. However, recent UK research found that 65% of trans* people reported one or more negative interactions when receiving general healthcare. Details of this research are published in the 2012 Trans Mental Health Study (covering the whole of the UK) which is available from Scottish Transgender Alliance - see **Appendix B**.

Health staff can make a significant difference by their knowledge, attitudes and behaviour towards trans* service users. It will have a profound, beneficial effect on the individual and influence the attitudes and behaviour of other colleagues and service users. Good nursing care of trans* people is simply good care.

What does good care look like?



Key Issues



Person-centred care: When caring for trans* people assumptions should not be made about their treatment without asking what they need or want. An individual care plan should always be developed in partnership with the service-user, though flexibility may be needed as circumstances change. Trans* people often find themselves subjected to intrusive questioning. Questions should always be relevant to the planned nursing care. Some people may be extremely self-conscious about their body or parts of their body and dislike these being touched. Consider whether it is relevant to the care being provided before asking about, for instance, scars, hair removal, or use of mental health services.

Names, titles and pronouns: To provide person-centred care, names, titles and pronouns must be consistent with the service user's wishes and gender presentation, which includes gender-related clothing and behaviour. Using the wrong names and pronouns undermines dignity and may be regarded as harassment. It is good practice to use a person's preferred name even if this is different from the one in

the notes. If necessary, patient notes may record more than one name for unofficial use. It may be safer, for instance, to use their preferred name when rousing an anaesthetized person.

Single sex facilities: Trans* people must be accommodated in line with their full-time gender expression. This applies to toilet facilities, wards, outpatient departments, accident and emergency or other health and social care facilities, including where these are single sex environments. Different genital or chest appearance is not a bar to this. Privacy is essential to meet the needs of the trans* person and other service users. If there are no cubicles, privacy can usually be achieved with curtaining or screens. For people who are still in transition, any compromise must be temporary. Take account of the wishes of the trans* person rather than the convenience of nursing staff. An unconscious patient should be treated according to their gender presentation. Absolute dignity must be maintained at all times.

Privacy: Observe strict privacy about a person's gender history unless relevant to treatment. Those who have GRC are accorded their post-transition gender status 'for all purposes'.

The GRC is available to those who have lived for at least two years, and intend to live permanently, in the 'new' gender role. Surgery is not a pre-requisite for obtaining a GRC. The possession of a GRC has little or no relevance to treatment and must not be requested.

Breaching privacy about a person's GRC or gender history without their consent could amount to a criminal offence. A medical emergency where consent is not possible may provide an exception to the privacy requirements.

Anatomical differences: Given the broad spectrum of trans* people, it is vital to care for the individual and not make assumptions. Many people change their public gender role and presentation without having genital surgery. Do not presume that a trans* woman who has not had genital surgery will wish to use a bottle to urinate. If a bed-bound trans* woman needs to, or chooses to, use a bottle, make sure the bottle is covered so other patients do not see it.

Do not presume that a trans* man can urinate into a bottle. Trans* men who have been on testosterone for a long period will have an enlarged clitoris. This may be enhanced by surgical release of the base of the clitoris from the pubic symphysis (metoidioplasty). A urethra is sometimes extended through the phallus to allow the person to stand when urinating. Growing numbers of trans* men have surgery to create a penis (phalloplasty) using donor tissue from the forearm or elsewhere. This may or may not include extending the urethra through the newly created phallus.

Caution is therefore required with catheterisation; the procedure must be adjusted to the individual. For instance, trans* women post-surgery sometimes have a urethra that tilts upwards at the point of insertion of the catheter. In all cases, check with the service user discreetly, not in the hearing of others.

Trans* men may still need cervical smear tests. If the uterus is still present and they come off hormones, they may become pregnant and give birth.

Trans* women still have a prostate gland and may be at risk of cancer, especially if their treatment started late in life. It should be noted that not all prostate cancers are testosterone related, so gonadectomy and anti-androgen treatments do not provide universal protection.

Dress: Trans* men who have not undergone chest surgery, may wear a 'binder' around the chest area. This is restrictive and can lead to breathing, back and rib problems. It usually has no fastenings and has to be put on over the head. It should not be worn overnight. Sometimes, trans* men use a prosthetic penis or 'packer' worn in the underpants to give a more convincing outline when dressed. 'Stand to pee' devices may also be used.

Trans* women may use padded bras, and restrictive pants to hide the genital bulge. Many trans* women wear wigs. They may need help to keep them in place, adjust or wash them during an extended stay in hospital or care home. If they have had genital surgery, they may need to use a vaginal dilator on a regular basis. This requires absolute privacy.

During surgery, trans* men will have to remove any binders and packers and trans* women will have to remove any wig (a head covering should be provided). (Nb: headwear provided for women taking chemotherapy would be suitable for this use).

Staff in recovery areas should be made aware of the individual's gender identity so they are not referred to according to their birth sex.



Medication: Trans* men and women are often on continuous hormone treatment. Many self-medicate. Trans* women may be prescribed oestrogen and, prior to gonadectomy, hormone-blockers to limit testosterone. Trans* men may be prescribed testosterone. It is less common for trans* men to take hormone blockers.

These medications are routinely prescribed 'off-licence' to trans* people. They should not be interrupted unless contraindicated owing to, for instance, conflict with other medication, and before and after any surgery requiring an anaesthetic. Cessation of hormones may cause physical discomfort, such as hot-flushes and mental stress. Trans* women may also be on medication labelled "Men Only" due to any remaining male anatomy.

Children and young people: Gender variant children and young people should be given the same respect for their self-defined gender as an adult, using their preferred name and pronoun. In some cases, parents or those with parental responsibility may take a different view from the young person. If possible, the child's preference should prevail. Extra privacy measures may be required where gender role or expression does not match the sex assigned at birth. Young people may be referred to the Gender Identity Development Service at the Tavistock and Portman NHS Foundation Trust and / or to the local child and adolescent mental health service (CAMHS).

Older people: Dignity, compassion and respect are more important than ever for older people, particularly as their care needs increase or with the onset of dementia. Health staff should make every effort to assist older trans* people to continue living as they wish, whether this is at home or in a residential care setting. Trans* people may be encouraged to write instructions about how they wish to be treated. These instructions should prevail even where relatives take a different view.

Where to find further information / support is particularly important to the wellbeing of trans* people. Local groups can prove invaluable in providing much needed on-going mutual support and friendship. They can be particularly helpful in assisting with many aspects of styling, dressing appropriately, wig/hair care, make-up, deportment, sourcing large and small size clothes and shoes, etc. Signposting the best local services, such as friendly businesses, churches, social and sports facilities.

Further information on this subject can be found at:

www.equalityhumanrights.wales.nhs.uk

In addition, the TranzWiki directory of support groups lists most of the National and local support groups by geographical location. You can find information here:

www.gires.org.uk

www.gires.org.uk/support-group-wales

The role of support groups



Putting it into practice

A number of trusts and health boards have already developed good practice to promote equality for trans* staff and service users and on providing care to trans* patients.

Practical steps include:

- Naming trans* equality in their strategic equality plans
- Identifying a specific lead or champion
- Publicising the commitment to trans* equality and zero tolerance for trans*phobic prejudice and discrimination
- Training staff on trans* patients' care, privacy and dignity
- Agreeing a safe protocol for managing trans* patients health records, included in the multi-disciplinary record keeping policy
- Getting feedback from trans* patients to improve services
- Developing LGBT Staff Forums.



Welsh Ambulance Services NHS Trust has published guidance for staff on looking after trans* people in their care and has introduced training to support awareness and knowledge.

Screening Division, Public Health Wales has produced a range of information resources including a leaflet, frequently asked questions, a series of short films and an information card in partnership with the trans* community. The information explains how trans* people can access each of the screening services and how their gender status might affect whether they are automatically invited for screening. The information is available on the Screening for Life website at:

www.screeningforlife.wales.nhs.uk/transgender-information



Examples from the Welsh NHS



In Brief



Do

- Make sure you talk to the person first.
- Use appropriate names and pronouns. If you're not sure, just ask.
- Ensure privacy of gender information.
- Try to arrange gender appropriate accommodation before the patient arrives on a ward.
- Ensure dignity, helping with wigs or binders if the patient is incapacitated.
- Remember that trans* patients have specific protection in law.
- Remember that physical sex characteristics may not absolutely match dressed-appearance.

Don't

- Make assumptions.
- Act surprised.
- Revert to birth names and pronouns, even if the person is unconscious or relatives ask you to.
- Gossip or pass on sensitive information.
- Ask questions about gender history and treatments unless there is real clinical need to know.

Glossary of Terms

Transgender or trans* person: a person whose gender identity does not conform to the sex they were assigned at birth. These are inclusive, umbrella terms, including people who describe themselves as transsexual, transvestite or cross dressing people, as well as those who have a more complex sense of their own gender identity that is neither 100% female nor 100% male.

Transsexual person: legal / medical term for someone who lives (or wishes to live) permanently in the gender role that matches their gender identity, rather than according to the sex assigned at birth.

Gender identity: a person's internal sense of where they exist in relation to being male or female, a mix of the two or, unusually, neither (non-gender).

Non-gender (alternatives agender, nongendered, genderless, neutrois): those without a gender identity, who see gender as wholly a societal construction which they do not subscribe to. A person who is internally ungendered or does not have a felt sense of gender identity.

Appendix A

Gender Identity Research & Education Society



Non-binary: refers to any gender identity (including non-gender identities) that is not exclusively male or female and so exists outside of the Male / Female Gender Binary.

Intersex: A term covering a wide range of conditions in which the biological sex of a person may be partially or fully indeterminate (ambiguous) at birth. About 1% of children are born with genetic, chromosomal, hormonal, genitalia and or / other sex characteristics that are not exclusively Male or Female as defined by the medical establishment in our society.

Gender dysphoria: the personal discomfort experienced because the sex assigned at birth, and the associated gender role, are not congruent with the gender identity.

Gender reassignment: the process of transitioning from the social role typically associated with the birth-assigned sex, to the gender role that is consistent with the person's own gender identity. This may involve medical and surgical procedures.

Gender expression: a person's external gender-related clothing and behaviour, including interests, speech and mannerisms.

Legal sex: The sex recorded on your birth certificate (unless superseded by later documentation).

Gender Recognition Certificate: issued by the Gender Recognition Panel – signifies full legal rights in the acquired gender status and allows the issuing of a replacement birth certificate where the birth was originally registered in the UK. It is simply an official facilitating document to allow the issuing of a new birth certificate in the acquired gender and not a document to show or be requested. Even asking about it or requesting to see it may well constitute a criminal offence under the Gender Recognition Act.

Appendix B

Legal information, policy and guidance

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

This general duty covers the following protected characteristics:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership - but only in respect of the requirement to have due regard to the need to eliminate discrimination
- Pregnancy and Maternity
- Race – including ethnic or national origin, colour or nationality
- Religion or Belief – including lack of belief
- Sex
- Sexual Orientation.



In addition to this published Guide, there is a PDF e-version which contains direct hyperlinks to all documents referenced. A copy of this PDF is on the NHS CEHR's website or available on request.

There are also a number of specific duties for Wales which set out the steps that public authorities must take in order to demonstrate that they are paying "due regard" to the general duty. These include engaging with people who share one or more protected characteristic and assessing the impact of policies / decisions on people with protected characteristics.

Positive Action

Positive Action is identifying and meeting a particular need where there is evidence which demonstrates the need for it. For example: where there is evidence that certain groups (such as lesbian women and trans* men) do not access cervical screening services, programmes have therefore been targeted at these particular groups to ensure that they access services.

Policy and guidance

- Welsh Health Specialised Services Committee Reference to the current Welsh Health Specialised Adult Gender Identity Service Protocol for patients registered with a GP in Wales
www.wales.nhs.uk/sites3/Documents/898/Specialies%20Services%20Policy%20Gender%20Services%20CP21%20Approved%20120925.pdf

NHS England

- Interim gender Dysphoria Protocol and Service Guideline 2013/14
www.england.nhs.uk

World Professional Association for Transgender Health.

- Standards of care for the health of transsexual, transgender and gender nonconforming people. V7. 2012.
www.wpath.org

UK Standards of Care

- Good practice guidelines for the assessment and treatment of adults with gender dysphoria. Royal College of Psychiatrists
www.rcpsych.ac.uk
- Trans. A practical guide for the NHS. Department of Health
www.gires.org.uk
- Trans mental health and emotional wellbeing study 2012. Scottish Transgender Alliance
www.scottishtrans.org

Gender Identity Development Service

- Tavistock and Portman NHS Foundation Trust
www.tavistockandportman.nhs.uk

Gender Identity Research & Education Society

Gender Identity Research and Education Society's primary mission is to improve the circumstances in which trans* people live, by changing the way that society treats them. It aims to generate supportive attitudes among all those who can make those improvements happen, including politicians, policy makers, clinicians, the providers of commercial and government services including the police, teachers, employers, and journalists, as well as family members.

Further information can be found at:

www.gires.org.uk



UNISON is one of the UK's largest trade unions. Nearly half a million UNISON members work in the NHS and for organisations providing NHS services across the UK. Equality is at the heart of UNISON, it has a flourishing lesbian, gay, bisexual and transgender (LGBT) members group, which meets nationally and locally. They also have a national Trans* network which meets annually and elects to the reserved seats for trans* members on the national LGBT committee.

Further information can be found at:

<http://www.unison.org.uk/out>



UNISON - the public service union



NHS Centre for Equality and Human Rights

The NHS Centre for Equality and Human Rights supports the NHS in Wales to ensure patients and staff are treated in accordance with their individual needs within their employment or when accessing and using healthcare services. The Centre seeks to improve and build capacity and capability within the Service to ensure these needs are met. It does not provide direct healthcare or employment services itself.

Further information can be found at:
www.equalityhumanrights.wales.nhs.uk

The NHS CEHR would like to thank Unique Transgender Network for their invaluable advice and contribution to this document.

www.uniquetg.org.uk



The NHS Centre for Equality and Human Rights
Canolfan y GIG ar gyfer Cydraddoldeb a Hawliau Dynol

