

Gender Realignment Support Policy

POLICY NO	HR32
RATIFYING COMMITTEE	Corporate Document Review Group
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POLICY STATEMENT: This policy has been put in place to provide guidance on how Mersey Care will support both staff and the people who use its services who are within the gender reassignment process or identify as Transgender.

ACCOUNTABLE DIRECTOR: Medical Director

POLICY AUTHOR: Equality and Human Rights Lead

POLICY OBJECTIVES

- To set the standards for all areas across the Trust in relation to supporting service users and staff at any stage of the gender realignment transition process.
- To ensure the Trust's commitment to fair and non discriminatory approach to individuals who have this protected characteristic.
- To enhance and promote high quality services which are responsible to the different communities we serve, individual needs and respects peoples human rights.

This policy and procedure can be made available in a range of languages and formats on request to the policy author.

1. Executive Summary

The purpose of this policy is to provide a framework and set standards for all areas across the Trust in relation to supporting people who use Mersey Care services are employed by Mersey Care or come into contact with Mersey Care for any reason are treated with dignity, respect and in line with the law.

This policy has been produced with consideration of both the Equality Act 2010 and the Human Rights Act 1998 ensuring the commitment that Mersey Care NHS Trust has towards dealing fairly with issues of equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. It is the intention of the trust to eliminate unfair and unlawful discriminatory practices in line with current equality and Human Rights legislation.

Within the development process, following consultation, it has been agreed that for the purpose of this document the term Trans and Trans people will be used as it is a more encompassing term and generally accepted by the Trans community. It is considered an umbrella term for all people who cross gender boundaries permanently or not.

The policy is structured to detail:

- standards and procedures to support staff
- standards and procedures to support people who are using Mersey Care services.
- how Mersey Care NHS Trust as a secondary mental health provider fits in within the gender reassignment transition process.

It provides information re support services available and references to good practice guidance.

It should be read in conjunction:

[HR10 Equality Policy](#)

[HR09 Zero Tolerance](#) - Implications for Practice and the Management of Abuse, Discrimination and Violence.

[HR04 Leave for personal and family reasons](#)

[HR07 Management of attendance](#)

[IT06 Health records](#)

[IT10 Confidentiality and information sharing](#)

[HR 19 Organisational Change](#)

The guidance should also be used alongside any Mersey Care NHS Trust policy which is being used with someone who is within the gender reassignment process.

2. Version Control

Version	Date	Author	Approved by	Ratified by
1	Oct 2011	M Cuzak M Brown	Updated in line with the Equality Act	Not ratified
2	June 2012	M Cuzak M Brown	Sent out for further consultation in line with changes.	Not ratified
3	July 2013	M Cuzak	Updated following consultation Re NHS protocol	Not ratified
4	March 2014	M Cuzak	Updated following development of Trans* pathway	Not ratified
5	July 2014	M Cuzak	Completed for corporate document group ratification	Not ratified
6	October 2014	B Rafferty	Completed for corporate document group ratification	
6.1	April 2017	C Almond	Policy review date extended to December 2017	Not ratified

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4. Introduction

Mersey Care NHS Trust is committed to equality for all communities and to providing services which are accessible, appropriate and which recognise the diversity of people, their needs and choices.

Mersey Care has undertaken consultation with a numbers of support groups to develop this policy. Within the consultation process it has been agreed that for the purpose of this document the term **Trans*** and Trans people will be used as it is a more encompassing term and generally accepted by the Trans community. It is considered an umbrella term for all people who cross gender boundaries permanently or not.

For further clarity see section 5 - Definitions.

The Trust recognises that Trans service users and staff may experience discrimination. Mersey Care NHS Trust is clear that it does not tolerate discrimination directly or indirectly against any person including Trans* people.

This policy has been developed to ensure that there is a clear process to ensure that people who use the services provided by Mersey Care, are employed by Mersey Care or come into contact with Mersey Care for any reason are treated with dignity, respect and in line with the law.

4.1 Rationale

“Neglecting people’s Human rights is bad for their health. In contrast the protection and promotion of their human rights is not only good for individual’s health it also makes better services for everyone”

Human Rights in Healthcare, (DoH 2007)

Gender realignment is the personal, social and medical process by which a person’s gender identity is changed. An individual may be and may remain, at any stage of this transitioning but the sense of discomfort with the gender they are assigned at birth (gender-dysphoria) is the same. This can occur from both a man and woman point of view. Individual circumstances will be considered on a case by case basis and will be needs and rights led.

Research undertaken in the areas of employment, health provision, social exclusion and hate crime indicates that Tran’s people experience disproportionate levels of discrimination, harassment and violence relative to the general population.

In a recent survey (Whittle, S et al, Engendered Penalties, 2007) 42% of Tran’s people said that they were unable to go through the transition process at work (therefore unable to comply with any specific requirement of the gender identity clinic that they do so).

In 2007 Equalities Review reported that 20% of Trans* people were refused registration by GPs who knew they were Trans*. The same survey found 34% of respondents had considered suicide one or more times before receiving professional assessment and support. A further study found that 53% of Trans people had self harmed of those who had self harmed 63% reported that they self harmed less after transitioning. (Gires) [A review of access to NHS gender reassignment services](#))

Equality Act 2010– In the Equality Act 2010 'gender reassignment' is named as an explicit protected characteristic. The requirement for medical supervision to take place as part of a process of 'gender reassignment' has been removed so someone who simply changes the gender role in which they live without ever going to see a doctor is protected.

All the main protections already existing for gender reassignment are carried over from the previous Sex Discrimination Act legislation – protection from gender reassignment discrimination in employment and goods and services. The existing exceptions are also carried over.

The Equality Bill offers new protection from discrimination due to association with transsexual people or perception as a transsexual person. It also offers new protection from indirect discrimination because of gender reassignment.

The public sector equality duty is extended to more fully include gender reassignment as one of the specific protected characteristics for which public bodies must take due regard of: the need to eliminate discrimination, harassment and victimisation; the need to promote equality; and the need to promote good relations.

Human Rights Act 1998 - The Human Rights Act details the principles of Fairness, Respect, Equality Dignity, and Autonomy (FREDA Principles) as fundamental. It gives further legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights.

4.2 Scope:

This policy will provide a framework for managers and clinical staff to support staff, volunteers, service users and carers who identify with a gender other than that assigned at birth. It applies to all those working in the Trust, in whatever capacity. A failure to follow the requirements of the policy may result in investigation and management action being taken as considered appropriate.

4.3 Principles:

This policy seeks to ensure that the provision for Transsexual, Transgender and Trans* people is responsive to individual need; is prejudice free and challenges the discrimination individuals may experience.

Mersey Care NHS Trust is committed to best practice and to the adoption of human rights based approach and the incorporation of the 'FREDA' principles into everything we do. This means treating everyone, service users, carers and staff and volunteers with Fairness, Respect, Equality, Dignity and Autonomy. As an organisation, we will ensure that Trans people, whether service users, carers, staff or volunteers are accepted and treated at all times as the gender in which they permanently present.

The policy supports the Trust commitment to the specific issues for Trans people in relation to confidentiality and adhering to the Caldicott Principles:

- 1 Justify the purpose/s for using a persons' confidential information.
- 2 Only use it when absolutely necessary
- 3 Use the minimum that is required
- 4 Access should be on a need to know basis
- 5 All staff must understand their responsibilities
- 6 All must understand and comply with the law

If you're unsure of what pronouns a person uses, it's fine to ask them subtly, but Mersey Care is committed to ensuring people's genders are respected, so when they tell you, you should use the pronouns they state.

5. Definitions

Gender

The social and cultural identification and perception of masculinity and femininity as opposed to physical/biological sex. Social gender is the gender in which an individual lives their day to day life. This is likely to affect the name they choose to be called by and their dress.

Gender Identity

Gender Identity describes the psychological identification of oneself as a masculine/feminine/both/neither. Gender identity is separate from sexual orientation.

Sex

Sex refers to the male/female/intersex biological development. In an infant, the sex is judged entirely on the genital appearance at birth.

Intersex

There are a number of intersex conditions (recently renamed Disorders of Sex Development) which may lead the individuals born with them to experience some inconsistency between their gender identity, and the gender role assigned at birth. Inconsistencies in development may be associated with atypical sex, atypical genital appearance at birth. Some intersex people will define themselves as intersex rather than male/female.

Trans* and Trans people is a more encompassing term and generally accepted by the Trans community. It is considered an umbrella term for all people who cross gender boundaries permanently or not. Trans or Trans*: Commonly used shorthand for transgender. Avoid using this term as a noun: a person is not 'a trans'; use a Trans person.

Transgender

Currently, it is used as an inclusive term describing all those whose gender expression falls outside the typical gender norms.

Non-Binary Identity

Some people may experience a gender identity which is both masculine and feminine, different mixtures of both at different times, or neither. Often gender is seen as a binary, (meaning two poles, man and woman) but there are some individuals who don't self define as either of these, as such they may not use pronouns like 'he' 'she' but rather gender neutral pronouns like 'they', 'ze' or other identifiers.

Trans men and Trans women

The expression Trans is often used to describe transgender in its broadest sense. Sometimes its use is specific; for instance, those born as female but identifying as men may be referred to as Trans men; and those born as male but identifying as women may be referred to as Trans women.

Transsexual

When gender variance is experienced to the degree that medical intervention is necessary to facilitate a permanent transition to a gender role that accords with the gender identity thus alleviating the intense discomfort, it may be regarded as transsexualism. In the United Kingdom, those who are intending to undergo, undergoing or having undergone gender reassignment, under medical care are protected in law. Those who have changed their role permanently may obtain legal recognition of their new gender status in accordance with the Gender Recognition Act.

Sex Reassignment Therapy

Sex reassignment therapy (SRT) is an umbrella term for all medical procedures regarding sex reassignment of both transgender and intersexual people. Sometimes SRT is also called gender reassignment, even though many people consider this term inaccurate as SRT alters physical sexual characters to more accurately reflect the individuals psychological/ social gender identity, rather than vice versa as is implied by the term “gender reassignment.” Most people simply call this process transition.

Sex reassignment therapy can consist of hormone replacement therapy (HRT) to modify secondary sex characters, sex reassignment surgery to alter primary sex characteristics, and permanent hair removal for Trans* women.

In addition to undergoing medical procedures, transsexual people who go through sex reassignment therapy usually change their social gender roles, legal names and legal sex designation. The entire process of change from one gender to another is known as transition.

Real Life Experience

Generally speaking, physicians who perform sex-reassignment surgery require the patient to live as the members of their target gender in all ways possible for at least a year (“cross-live”), prior to the start of surgery, in order to assure that they can psychologically function in that life- role. This period is sometimes called the Real Life Experience; it is part of a number of requirements. Other frequent requirements are regular psychological counselling and letters of recommendation for this surgery.

This is the start of the transition process from their birth gender to their acquired gender. At this point, they may have records changed to reflect this such as driving license or passport. This period is to allow the person to decide whether they really

want to go through transition. Treatment that follows has three components; hormones, surgery and transition.

Transition

Transition is the term used to describe the point at which a permanent change of gender role is undertaken, in all spheres of life - in the family, at work, in leisure pursuits and in society generally. Some people make this change gradually, however, others emerge overnight.

Transphobia

A fear and dislike of Transgender people, which can lead to hatred resulting in verbal or physical attacks and abuse.

Sexual Orientation

Sexual orientation is a separate issue from gender identity. Trans people may be gay, lesbian, bisexual, heterosexual or, occasionally, asexual. Their sexual relationships may remain the same through the transition process, or it may change.

6. Policy Standards

All Trans* people will be treated in their acquired gender for all purposes of daily living from the point they commence a real life test to live and work in their new gender role.

All employees must observe the privacy of transsexuals afforded by the Gender Recognition Act. Breaches of confidentiality will be treated in accordance with the Trust's Disciplinary Policy and Procedure.

6.1 Discrimination

In terms of equality and diversity this policy is relevant to all Trans* people regardless of age, disability, ethnicity, gender, religion or belief, sexual orientation or marital status.

Employers are automatically liable for discriminatory actions by anyone acting on their behalf, whether or not it was done with their knowledge, unless the employer can show that they had taken all reasonable steps to prevent such actions. Any prejudice or discrimination must therefore be actively dealt with by management and must not be left to the individual to deal with themselves.

Discriminatory behaviour will be dealt with using Trust policy and procedures. It does include formal action in line with the Trust's disciplinary or capability procedures for

Trust employees; and other action in relation to other workers, which may result in the termination of an assignment, placement, secondment or honorary arrangement.

Discrimination experienced by staff from service users, carers or visitors will be dealt with using the HR09: Zero Tolerance - Implications for Practice and the Management of Abuse, Discrimination and Violence Policy

Any experience of discrimination should be reported to the person in charge of the service area and an incident report completed on the DATIX system.

6.2 Challenging

Discriminatory language and behaviour is unacceptable and will not be tolerated by Mersey Care NHS Trust. All staff have a duty and responsibility, not only to abide by non discriminatory practice but to challenge discriminatory language, behaviour or actions.

6.3 Sharing Personal Information

Under Section 22 of the Gender Recognition Act 2004 it is illegal for staff to share information regarding someone's Trans status unless:-

(For clarity on this issue see www.opsi.gov.uk Section 22 of the Gender Recognition Act 2004)

Anyone who, in their professional capacity, acquires knowledge of a Trans person's history and knows, that the person has a Gender Recognition Certificate, or new birth certificate and passes on that information to a third party without the consent of the person concerned can be prosecuted and fined up to £5000 and/or be jailed for up to six months. Trans people have no obligation to disclose whether or not they have a Gender Recognition Certificate.

As good practice Mersey Care will treat individuals as if they have a GRC.

7. Duties

The Trust Board will ensure that all managers are accountable for the promotion and implementation of this Policy. The Trust Board will monitor progress on equality, diversity and human rights issues and initiatives on a regular basis. It will ensure that individuals are treated with dignity and respect as both employees and service users.

The Medical Director Has responsibility for this policy in relation to its monitoring, evaluation and review on an annual basis, in consultation with Staff Side Representatives or on appropriate changes in legislation.

The Director of Workforce has specific responsibility for monitoring the effectiveness of this policy and deciding on appropriate actions in response to any needs identified in relation to staff.

Trust Managers hold responsibility for ensuring the practical application of this Policy and for the incorporation of its principles into all other Trust policies and procedures. Managers should be aware that they will be expected to positively promote high equality standards, in line with the requirements of the Equality Act 2010 which includes the additional protection for Trans* people.

All staff have a personal responsibility for the application of this policy on a day-to-day basis. This means they should not undertake any acts of discriminatory practice in the course of their employment.

All staff should positively promote high equality standards in the course of their employment wherever possible.

All staff have a responsibility to bring any potentially discriminatory practice to the attention of either their line manager, the human resources department or relevant Trade Union/Professional Associations.

Clinical Governance Forums have a specific responsibility to ensure that clinical development; planning and strategy actively consider and promote equality, diversity and human rights.

The Human Resources function has specific responsibility to ensure the promotion of equality and inclusiveness through its employment practices, policies and procedures, and in supporting the application of this policy. It will ensure that any member of staff who identifies as a Trans person within the recruitment process or as an employee will be treated with dignity and respect and that they adhere to the specific confidentiality issues.

Service Users/Carers/Visitors will be expected to recognise and comply with the principles set out in this policy whilst on the Trust's premises or whilst receiving care originating from the Trust.

Service Users/Carers/Visitors are expected to be respectful to all staff and other patients.

Service Users/Carers/Visitors who are verbally or physically abusive or who make derogatory statements that are of a discriminatory nature to any staff or other patients should be aware that they will be challenged about their behaviour. Where appropriate, the Trust may consider limiting or withdrawing the provision of services to, Service

Users/Carers/Visitors and may seek to prosecute individuals where it deems necessary.

Contractors and their staff have an equal responsibility to ensure that this policy is adhered to and will be the subject of any contract compliance monitoring.

8. Supporting Procedure

8.1. Objectives regarding employees

8.1.1 Recruitment and selection

There is no barrier to a person who identifies as Trans from applying for employment within Mersey care NHS Trust. All those involved in the recruitment and selection process, including staff and service user and carer representatives should be made aware of their responsibilities to select fairly and without prejudice.

All processes that are required for a successful applicant should be completed assuring confidentiality, dignity and respect. If a DBS is required there is a specific process in place. Contact the DBS department for clarification.

Those staff that are professionally registered are advised to contact their professional bodies to find out whether there are any specific requirements in terms of name changes etc. Where the Trust has to keep evidence of professional status or qualifications, it should be discussed with the member of staff how this information will be retained so as not to compromise or breach disclosure of protected information.

Any potential candidate who wishes to enquire about Mersey Care NHS Trust policy on recruiting transgender staff should be referred to this policy as well as to the Equality Policy and Procedure (HR 10).

8.1.2 Confidentiality within the recruitment and selection process

Applicants do not have to disclose their transgender status during the recruitment and selection process including at interview, or as any condition of employment.

If applicants choose to disclose their status this must not be used as a reason for not offering the person employment with the Trust and also non-disclosure or subsequent disclosure are not grounds for dismissal.

8.1.2 Records and Information Sharing

All personnel records must be updated at the start of the transition process. At this point, the member of staff will be able to apply for a driving license and passport in their new acquired gender.

A new personnel file will be created to ensure confidentiality. It will be necessary to retain records relating to a member of staff's identity at birth prior to obtaining a full GRC, however, once the member of staff has obtained this, such records must be replaced with the new details. The old personnel file will not be destroyed but access to this will be restricted to the Head of Human Resources and appropriate Head of Service.

The line manager should also ensure that all references such as telephone directories, email address and employment details reflect the acquired gender of the person.

If giving a reference, the reference should be in the name which will be used in the new job and must not disclose a former name. It may sometimes be necessary for a transsexual person to disclose a previous identity in order for references from past employers to be obtained. In these cases, strict confidentiality and respect for dignity should be applied.

Where the Trust has to keep evidence of professional status or qualifications, it should be discussed with the member of staff how this information will be retained so as not to compromise or breach disclosure of protected information.

8.1.3 Accommodating Gender Transition in the Workplace

Mersey Care Trust is committed to supporting all its employees with regard to personal circumstances that may impact on work.

Once an employee has decided they wish to undergo gender reassignment it is essential that a support network is set up as soon as possible to accommodate this. It is for the individual to decide whom to turn to for advice and support, be it their line manager or Human Resources (see below). Once this is agreed a member of Human Resources staff should be assigned to act as a contact for the individual concerned to answer any queries or action any requirements and act as an advisor. The appointed advisor will need to discuss with the individual how they wish to handle the transition. The following issues should be considered and agreed by both parties:

- a) Whether the employee is to stay in their current post or would prefer to be redeployed. (If the employee also has a disability then 'reasonable adjustments' would need to be taken into account or existing arrangements would need to be

transferred to a new post in line with the Disability Discrimination Act). Redeployment would need to be carried out under Organisational change policy.

- b) The expected timescale for medical procedures (if to be undertaken) and any time off required for treatment.(HR07: Management of attendance)
- c) The expected point at which the change of name and personal details should occur.
- d) Whether the employee wishes to inform the line manager, colleagues and other staff and clients, or would prefer the appointed advisor / a third party to inform them instead.
- e) Agreeing a point at which their individual gender specific dress will change.
- f) Agreeing a point at which the individual will change use of single sex toilets / changing facilities in their new gender. This could be from the first day of transitioning.
- g) Whether new arrangements will need to be made for any accommodation used for work purposes.
- h) Organising the required changes within Trust systems such as new e-mail address, Trust identification and Electronic staff records.

Support may also include time away from work (see Leave for personal and family reasons policy) for outside support networks, counselling or medical issues; dealing with the reactions of other employees; educating employees about the issues involved and confidentiality. Trans people have the right to call a halt to the transition process and choose to remain in a more gender ambiguous identity at any time if they wish.

8.1.4 Support Mechanisms

The list below shows just some of the options available to individuals who wish to seek support within the organisation during a gender transition period. Support encompass identifying individual support needs; including additional diversity issues such as age, culture, disability, ethnicity, religion or sexual orientation.

Human Resources – an appointed advisor from within the Human Resources department identified at an early stage to offer support; put in place practical changes that need to be made to an individual's post or personal records; to support positive working relationships between the individual and wider team members if relevant. Any qualified Human Resources professional should have the necessary knowledge and awareness required to deal with such personal and sensitive issues.

Occupational Health –a referral to occupational health, may be considered by the individual, their manager or the human resources advisor for additional support and advice concerning any counselling needs or advice regarding the medical process of the transition. Managers may also need advice regarding the needs of the individual and on how to support changes that may need to be made within the team or work environment.

Time off work- As per the Trust's absence policy, any absence from work for medical requirements would need to be covered by a medical certificate.

Any additional leave may be allowed in accordance of the appropriate policy such as the Trust's Leave for Personal and Family Reasons Policy and Management of Attendance – and considered by managers on an individual basis. Managers should contact the Human Resources department if further advice is required on this. [Guidance on dealing with requests for time off for the NHS](#)

Staff Support -The Staff Support Service offers support to all staff who work for Mersey Care NHS Trust. These services offer a chance for staff to talk through things that are on their mind with a counsellor, who will be non-judgemental and impartial. This service is provided to help staff with both personal and work issues. Staff access the service by calling: 0151 330 8103.

Click this link to find [Lesbian, Gay, Bisexual and Transgender \(LGBT\) staff support network-Information](#)

Equality and Human Rights Team – Mersey Care Trust has a number of people who have specialist knowledge of issues in relation to Equality and Human Rights that can be used a resource.

Union Support – Union Members may find it useful to contact their Unions for advice and support. Please see appropriate Union websites for details or contact Mersey Care staff side staffside@merseycare.nhs.uk or 0151 471 7847

8.2 Objectives regarding service users

8.2.1 Fair & Equal Access

Mersey Care NHS Trust is committed to equality for all communities and to providing services which are accessible, appropriate and which recognize the diversity of people, their needs and choices.

Care provision should be of a high quality and be considered in line with the Human Rights FREDA principles of fairness, respect, equality dignity and autonomy .To deliver a patient led service Mersey Care NHS Trust will ensure that services and care delivery recognise the needs of each individual service user.

8.2.2 Discrimination

The Trust recognises that Trans* service users may experience discrimination in the forms of bullying and harassment. Mersey Care NHS Trust is clear that it does not tolerate discrimination directly or indirectly against any person including Trans people.

If it is alleged that a service user is subject to discrimination this should be reported and the procedure outlined in the bullying and harassment policy should be adhered to.

8.2.3 Single Sex Facilities

Mersey Care NHS Trust will ensure that Trans* people are accepted and treated at all times as the gender in which they permanently present.

Part of the process of gender realignment involves a trans* person living as there acquired gender before undergoing surgery, if surgery is the desired outcome. Living in a different gender will obviously include using single sex facilities. Trans* people (like everyone else in Britain) can use toilets or changing facilities appropriate to their gender presentation with or without a Gender Recognition Certificate.

In instances where a Trans* person is admitted to inpatient services, protecting their dignity, safety and privacy must be paramount; in such circumstances decisions, such as ward/room allocation, should be made in conjunction with the service user themselves. The process of assigning a person to a ward must begin from the position of the gender the individual is living within. Any issues relating to dealing with possible discrimination the person may experience and any possible risk issues must be dealt with from that position. If there are clinical/risk issues which require a move from this position these **must** be recorded in detail and recorded as an incident on DATIX.

8.2.4 Records and Information sharing.

Service users have a right to expect the same high standards of confidentiality that apply to their care and treatment also apply to information on their Trans* status. Mersey Care staff must ensure that this standard is maintained.

This supporting procedure is written with the understanding that staff who utilise it, do so in tandem with Trust policy IT06 “Health Records Policy & Procedures” and at all times with the service user.

Medical record keeping for Trans* people can be a challenge for clinicians and staff. Transgender status forms part of an individual’s history but does not necessarily, and often is not relevant, to why they are accessing services.

1. It is good practice to clarify with the service user their name and gender pronoun if there is a risk of ambiguity.
2. All Trans* people going through transition should be informed about the Trust’s Privacy procedure for Trans* people after they have completed transition.
3. Once a Transgender person has changed their name all subsequent records must reflect this. This should always be done as a matter of courtesy and is not dependent on having a Gender Recognition Certificate. However, most Healthcare Trust’s prefer to have evidence of the permanency of the name change, by way of Deed Poll or Statutory Declaration before making official changes to the service users notes. Trans* service users have a right to change their name and gender on their NHS records and would be able to bring a civil claim against a Trust which refused to accede to their request.
4. It is envisaged that access to former health records with reference to previous gender will be restricted and only shared with the service user’s written consent (see Appendix 1). A new NHS Number should be issued with no reference to the previous name and gender.
5. The existing health records should be withdrawn and revise the Health Record to remove all reference to the previous name and gender (do not record previous name as an alias)
6. Withdrawn legacy case notes must be held in a secure storage by a nominated officer who will only access with proven authorisation by the service user or clinician providing justification to access the records.
7. There is thus a need for a summary/chronology to be available for health professionals. Any summary which includes reference to Transgender status must be done with specific consent as each disclosure of this information could otherwise breach the Gender Recognition Act 2004 and may constitute a criminal offence.

8. There is a risk that the form of the summary/chronology may in itself identify the transgender status of the service user. The standard form of other case summaries etc., as produced for other purposes, should therefore be followed.
9. Electronic patient records must be password protected or placed in a password protected electronic envelope which can only be accessed with authorisation to do so.
10. Any Data Protection Act application for subject access must be referred to the Trust Health Records Manager.
11. Any application for disclosure received from the courts or police must be referred to the Trust Health Records Manager.
12. All correspondence created by the Trust staff must make no reference to the previous identity and gender.
13. Any referrals received from General Practitioners or healthcare professionals must be vetted by the Team Manager or Referral Administrator and if reference to the previous identity or gender is not directly relevant to the referral then it should be returned to the source of referral with an explanation that this constitutes a breach.
14. Any breach must be recorded through Datix.
15. Professionals need to adopt a practice of reference to present gender in health records entries. Identity comment should be avoided about trans status unless this is a specific and immediate issue in treatment, e.g. "X is a 47 year old trans woman" should be recorded as "X is a 47 year old woman".
16. Recording of Trans* status must only be made with the specific written consent of the service user. This is most likely to be relevant when recording for example:-
 - Past medical/mental health history
 - Relationship/family issues
 - Specific issues in relation to assessment and treatments for Gender Reassignment

NB: In all cases it should be assumed that the service user is in receipt of a Gender Recognition Certificate.

Trans* people may stop the medical process at any time and still choose to remain in their preferred gender. In these circumstances they should be treated as having completed transition.

If further advice is required then please contact the Trust Equality and Human Rights Lead.

8.2.5 Gender Dysphoria Protocol/ Transgender Pathway

NHS England has an agreed interim protocol which details how individuals can access services to support the transition –gender reassignment process. *NHS England Interim Gender Dysphoria Protocol and Service Guidelines 2013/14*. There is a local Transgender Pathway (Appendix 2) which sets out the process for people living within Liverpool, Sefton and Kirby. This pathway includes the process of gaining a mental health assessment which will be requested via LCH Trans Support Service (TSS) commissioned from Liverpool Community Health (LCH) NHS Trust for Liverpool, Sefton and Kirby.

Mersey Care NHS Trust is a part of this pathway in relation to the mental health assessment which is carried out to establish/rule out whether any mental health diagnosis might be causing the clients apparent gender identity issues.

The referral form will come into the service (Appendix 3) Via the Acute Care Team referral process. The assessment will be the standard CPA assessment form (Appendix 4). It will be sent to the referrer (in most cases this will be TSS) with a copy to the GP. The assessment will be undertaken within the Acute Care quality standard of 6-8 weeks.

- **External Organisations** – The following is a small list of external organisations that can offer support and advice on gender transition issues.
 - LCH Trans Support Service (TSS) 0151 284 2500 ext. 117
 - Gender Trust - <http://www.gendertrust.org.uk/>
 - Press for Change - www.pfc.org.uk
 - www.transgenderzone.com
 - ACAS - www.acas.co.uk – best practice advice for employers
 - Equality and Human Rights Commission - www.equalityhumanrights.com
 - Gender Identity Research and Education Society - www.gires.org.uk

9. Development and Consultation process

This policy has been developed in conjunction with:-

External

Members of the Trans community

Liverpool Mental Health Consortium LGBT Mental Health Strategy Group

Internal

Clinical Business Unit Equality coordinators

Human Resources department

Staff side organisations.

Medical Records Lead

Medical staff

10. Monitoring Compliance with and the Effectiveness of Procedural Documents:

System for the Monitoring of Compliance	
Monitoring of compliance with this policy will be undertaken by:	Equality and Human Rights team before the next review.
Monitoring will be performed:	Equality Coordinators of Clinical Business units and Human Resources department
Monitoring will be undertaken by means of:	Monitoring of Complaints, Compliments, Incidents and grievances.
The results of monitoring will be reported to:	Equality and human Rights Steering group
Resultant actions plans will be progressed and monitored through:	Equality and Human Rights Steering group

11. References:

The following references have been used in writing this document and can provide further information on the issues raised:

www.transgenderzone.com

www.acas.co.uk

www.gendertrust.org.uk/

www.gender-matters.org.uk

www.equalityhumanrights.com- Equality and Human Rights Commission (2011) A review of access to NHS gender reassignment services (England only)

www.pfc.org.uk/node/235 - A guide to the Sex Discrimination (Gender Reassignment) Regulations 1999

www.unison.org.uk/file/A3226.doc - Unison Document: 'Bargaining for Transgender Workers' Rights' April 2007

www.grp.gov.uk Gender recognition panel (GRP)

<http://www.england.nhs.uk/wp-content/uploads/2013/10/int-gend-proto.pdf> -NHS
England Interim Gender Dysphoria Protocol and Service Guidelines 2013/14

12. Associated Documentation

Meyer et al (2001) *The Standards of Care for Gender Identity Disorder*, www.wpath.org/Documents2/socv6.pdf

Whittle S, Turner, L, Al-Alami, M, Engendered Penalties, Equalities Review (2007)

Whittle, S, et al (2008), *Transgender Euro study: Legal Survey and Focus on the Transgender Experience of Healthcare*, Corelio Printing, Belgium

Human Rights in Healthcare, Department Of health (2007)

Care of Transgender Patients, Blackpool, Fylde and Wyre Hospitals NHS Foundations Trust (2007)

Trans; A practical Guide for the NHS, Department of Health

Guidance for GP's other clinicians and health professionals on the care of gender variant people, NHS (2008)

WPATH (2011) Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People

Navigating equality and diversity: guidance for the NHS (2008) NHS Employers

The Sex Discrimination (Amendment of legislation) Regulations 2008

Equality Act 2010

Interim Gender Dysphoria Protocol and service guideline 2013/14 Protocol NHS England

<http://www.england.nhs.uk/wp-content/uploads/2013/10/int-gend-proto.pdf>

Good practice guidelines for the assessment and treatment of adults with gender dysphoria: 2013 RCPSYCH CR181

13. Glossary of terms

FtM/F2M Female to male

Gender An individual's personal sense of maleness or femaleness. It is also a social construction that allocates certain behaviours into male or female roles. These will not always be the same across history, across societies, across classes, hence we know that gender is not an entirely biological matter, rather it is influenced through society's expectations.

Gender dysphoria

Used by clinicians to describe the condition that transsexual people present with – that is not feeling well or happy with their gender as assigned at birth, in terms of both their social role and their body. Gender dysphoria is not characterised by denial; for instance, female to-male transsexual people (trans men) acknowledge that their (pretransitional) bodies are female. The fact that their anatomy does not correspond with their sense of being a man (psychological sex) leads them to seek to bring the two (body and mind) into harmony. Specifically, the diagnosis required by the Gender Recognition Panel states that gender identity disorder is “*characterised by a strong and persistent cross-gender identification*” which “*does not arise from*

a desire to obtain the cultural advantages of being the other sex,” and that it should not be confused with “simple nonconformity to stereotypical sex role behaviour.”

Gender reassignment/Gender realignment surgery

Medical term for what transsexual people often call gender confirmation surgery: surgery to bring the primary and secondary sex characteristics of a transsexual person’s body into alignment with his or her internal self-perception.

Gender Recognition

A process whereby a transsexual person’s preferred gender is recognised in law, or the achievement of the process.

Gender Recognition

Act 2004 (GRA)

The UK law which allows transsexual people to obtain gender recognition.

Gender Recognition Certificate (GRC)

A certificate which is provided to those who have been successful in their application for gender recognition. The document has no standing other than as a means to enable the register of births and Department for Work and Pensions systems to be updated in line with the decision.

Gender Recognition Panel (GRP)

A group of lawyers and doctors appointed to consider applications for gender recognition, and to approve them if the transsexual person has met the relevant criteria.

MtF/M2F Male to female

Non-op A person who does not desire surgery, or does not need surgery to feel comfortable with his or her body.

Passing When a trans person is not visible as a trans person. Those who do not ‘pass’ have some residual features of their birth gender – which often means that other people regard them still as their birth gender.

Pre-op/Post-op

Pre-operative and post-operative; having had or not had genderconfirmation surgeries. ‘Pre-operative’ implies that the person desires

gender reassignment surgery; if this is not the case, 'non-op' is the correct term.

Stealth Living in a way where nobody knows your previous gender history.

Trans/Trans* is a more encompassing term and generally accepted by the Trans community. It is considered an umbrella term for all people who cross gender boundaries permanently or not.

Trans man Someone who has transitioned from female to male. Note that some people, following treatment, strongly prefer to be thought of as simply a man (perhaps a man with a transsexual background).

Trans woman Someone who has transitioned from male to female. Note that some people, following treatment, strongly prefer to be thought of as simply a woman (perhaps a woman with a transsexual background).

Transition The process of social change in presentation between gender

Equality and Human Rights Analysis

Title: Gender Realignment Support Policy

Area covered: Corporate

What are the intended outcomes of this work?

- To set the standards for all areas across the Trust in relation to supporting service users and staff at any stage of the gender realignment transition process.
- To ensure the Trust’s commitment to fair and non discriminatory approach to individuals who have this protected characteristic.
- To enhance and promote high quality services which are responsible to the different communities we serve, individual needs and respects peoples human rights

Who will be affected? Service Users, Carers, staff, volunteers

Evidence

What evidence have you considered?

This is the first Trust policy relating specifically to transgender and the author has consulted with local trans communities and accessed many sources in relation to transgender to ensure compliance with research and evidence. These can be found in the reference section of this document. HR 10 Equality Policy has been considered in relation to this analysis.

Disability including learning disability

Page 4 draws attention to information from Gires around mental health issues experiences by trans groups.

This policy upholds non-discrimination in relation to disability and the need for reasonable adjustment (disability related).

Sex

This policy upholds non-discrimination in relation to sex. Awareness is raised in relation to use of accommodation and use of toilet facilities to ensure discrimination does not take place on the grounds of sex. Change of working conditions is also raised to ensure that a person transitioning is able to work to their maximum potential.

Race This policy upholds non-discrimination in relation to race.
Age This policy upholds non-discrimination in relation to age.
Gender reassignment (including transgender) This policy specifically relates to this protected characteristic and covers all aspects in relation to staff training, confidentiality and communications.
Sexual orientation This policy upholds non-discrimination in relation to sexual orientation
Religion or belief This policy upholds non-discrimination in relation to religion or belief.
Pregnancy and maternity This policy upholds non-discrimination in relation to pregnancy and maternity.
Carers This policy involves carers in relation to issues around transgender.
Cross Cutting As mentioned in above protected characteristics.
Other identified groups None

Human Rights	Is there an impact? How this right could be protected?
This section must not be left blank. If the Article is not engaged then this must be stated.	
Right to life (Article 2)	This article is not engaged
Right of freedom from inhuman and degrading treatment (Article 3)	This policy aims to protect the person from experiencing an infringement of this article.
Right to liberty (Article 5)	This article is not engaged
Right to a fair trial (Article 6)	This article is not engaged
Right to private and family life	This policy protects the person under "Caldicott"

<p>home and correspondence (Article 8)</p>	<p>and Section 22 of the Gender Recognition Act 2004. 8.1.2 Clear information relating to records and information sharing supports this article.</p>
<p>Right of freedom of religion or belief (Article 9)</p>	<p>This policy aims to protect a person in relation to religion or belief.</p>
<p>Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)</p>	<p>This article is not engaged.</p>
<p>Right freedom from discrimination (Article 14)</p>	<p>This policy aims to protect a person from any form of discrimination.</p>

<p>Engagement and involvement</p>
<p>The formulation of this policy is evidenced by its content that there has been extensive involvement of local trans community groups and information gathering from resources such as the Gender Dysphoria Protocol/Transgender Pathway.</p>

<p>Summary of Analysis</p>
<p>Eliminate discrimination, harassment and victimisation</p> <p>This policy is supportive of elimination of discrimination, harassment and victimisation.</p>
<p>Advance equality of opportunity</p> <p>8.1.1 Refers to recruitment and selection and the policy HR21 will need to meet the statements made in this policy. This has been addressed by the author who has informed the relevant department of what HR21 needs to include to meet this policies statement.</p>
<p>Promote good relations between groups</p> <p>This policy aims to raise awareness to promote relations between groups. It aims to improve access to and quality of care to promote positive experiences and improve relations between groups.</p>

What is the overall impact?

The overall impact of this policy is positive for individuals and promotes compliance with the Equality Act 2010.

Addressing the impact on equalities

This can be achieved by the evaluation and monitoring of issues relating to both service users and employees regarding transgender issues. Frequent reviews of the policy following evaluation and monitoring.

Action planning for improvement

See Action Plan

For the record

Name of persons who carried out this assessment:

Barbara Rafferty Equality and Human Rights Advisor
George Sullivan Equality and Human Rights Advisor
Pippa Georgeson Equality and Human Rights Assistant Advisor

Date assessment completed:

14th October 2014

Name of responsible Director/Lead Trust Officer

Dr. D Fearnley

Date assessment was signed:

15th October 2014

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Division
Involvement and consultation	Recruitment and Selection HR 21 to meet the criteria in 8.1.1 in Gender Realignment Policy	Dec 2014	Human Resources

	Issues identified / Action to be taken	Time-Scale
<p>1. Co-ordination of implementation</p> <ul style="list-style-type: none"> • How will the implementation plan be co-ordinated and by whom? <p><i>Clear co-ordination is essential to monitor and sustain progress against the implementation plan and resolve any further issues that may arise.</i></p>	<p>The implementation plan will be co-ordinated by the Medical Director via the Equality and Human Rights Team. The plan will include distribution of the policy in accordance with the guidance in Policy and Procedure for the Development, Ratification, Distribution and Reviewing Policies and Procedures.</p>	<p>Duration of policy</p>
<p>2. Engaging staff</p> <ul style="list-style-type: none"> • Who is affected directly or indirectly by the policy? • Are the most influential staff involved in the implementation? <p><i>Engaging staff and developing strong working relationships will provide a solid foundation for changes to be made.</i></p>	<p>All staff employed by Mersey Care NHS Trust Staff side organisations</p>	<p>Duration of policy</p>
<p>3. Involving service users and carers</p> <ul style="list-style-type: none"> • Is there a need to provide information to service users and carers regarding this policy? • Are there service users, carers, representatives or local organisations who could contribute to the implementation? <p><i>Involving service users and carers will ensure that any actions taken are in the best interest of services users and carers and that they are better informed about their care.</i></p>	<p>The policy and Procedure will be available via the trust's website and linked directly to the trust's Equality and Human Rights web pages.</p> <p>The Service User and Carer Equality forum I am Equal will be using the document within its work looking at Equality and Human rights within the service user and carer network and alongside its considerations of Equality and Human Rights within the Trust.</p> <p>Equality and Human Rights training is provided to service users and carers.</p>	<p>Already in place and for the Duration of policy</p>

	Issues identified / Action to be taken	Time-Scale
<p>4. Communicating</p> <ul style="list-style-type: none"> • What are the key messages to communicate to the different stakeholders? • How will these messages be communicated? <p><i>Effective communication will ensure that all those affected by the policy are kept informed thus smoothing the way for any changes. Promoting achievements can also provide encouragement to those involved.</i></p>	<p>Key messages are: -Trust Board's commitment to Equality and Human Rights</p> <p>They principles in relation to the support of employees and service users who starting gender reassignment process, are I within the gender reassignment process or who have completed it.</p> <p>The importance of the development of an ant discriminatory culture across the Trust for staff and the people who use our services and the people who support our service users.</p> <p>The commitment to the development of Human Rights based approach across the Trust.</p> <p>Equality and Human Rights Training is mandatory across the Trust</p> <p>Equality and Human Rights training is provided to service users and carers.</p> <p>Specific Trans* awareness training</p>	<p>Already in place and for the Duration of policy</p>
<p>5. Resources</p> <ul style="list-style-type: none"> • Have the financial impacts of any changes been established? • Is it possible to set up processes to re-invest any savings? • Are other resources required to enable the implementation of the policy eg. increased staffing, new documentation? <p><i>Identification of resource impacts is essential at the start of the process to ensure action can be taken to address issues which may arise at a later stage.</i></p>	<p>There are no additional costs in relation to this policy.</p>	<p>N/A</p>

	Issues identified / Action to be taken	Time-Scale
<p>6. Securing and sustaining change</p> <ul style="list-style-type: none"> • Have the likely barriers to change and realistic ways to overcome them been identified? • Who needs to change and how do you plan to approach them? • Have arrangements been made with service managers to enable staff to attend briefing and training sessions? • Are arrangements in place to ensure the induction of new staff reflects the policy? <p><i>Initial barriers to implementation need to be addressed as well as those that may affect the on-going success of the policy</i></p>	<p>Consideration of potential barriers was discussed during the development of the policy and will form part of the mandatory training sessions.</p> <p>Managers and staff representatives will be released to attend training sessions as the issues relevant to the policy are part of the Equality and Human rights mandatory training programme.</p> <p>The equality and Human Rights Steering group will monitor the implementation of the policy</p> <p>The Equality and Human Rights Action plans which are a part of the governance checks across the trust will ensure developments are made and maintained.</p>	<p>Already in place and for the Duration of policy</p>
<p>7. Evaluating</p> <ul style="list-style-type: none"> • What are the main changes in practice that should be seen from the policy? • How might these changes be evaluated? • How will lessons learnt from the implementation of this policy be fed back into the organisation? <p><i>Evaluating and demonstrating the benefits of new policy is essential to promote the achievements of those involved and justifying changes that have been made.</i></p>	<p>The equality and Human Rights Steering group will monitor evaluate the activities</p> <p>The Equality and Human Rights Action plans which are a part of the governance checks across the trust will ensure developments are made and maintained.</p> <p>The development of the Equality Delivery system for the NHS within Mersey Care will also form a part of the evaluation of the effectiveness of this policy.</p>	<p>Already in place and for the Duration of policy</p> <p>April 2015</p>
<p>8. Other considerations</p>	<p>The Trust requirement to develop Equality Objectives by the Equality Act 2010 be informed by this policy and will also be a measure to evaluate its effectiveness.</p>	<p>April 2015</p>

Appendix 1

**FORM OF CONSENT:
Access to Health Records**

Our ref:

I, XXX XXX agree to allow xxxxxxxxxxxx to have access to the health records relating to my care and treatment within Mersey Care NHS Trust.

This information will be within the time frame of xxxxxxxxxxxxxx and xxxxxxxxxxxxxx

Name

Signed

Date

LCH Trans Support Service – Client Information

Welcome to the Trans Support Service (TSS) provided by Liverpool Community Health (LCH) NHS Trust. The following information outlines the service that we offer and where it fits into the local gender dysphoria pathway.

The aim of this service is to support local transsexual, transgender, and gender nonconforming people by listening to them, informing them of available options to relieve their gender distress and empowering them to move forward with their lives.

You will usually have been referred to us by your General Practitioner (GP), they are your main point of contact for general healthcare and it is their responsibility to ensure that you receive the best and most appropriate care. We can help your GP to provide you with the care that you need by sending them information about the work that you do with us, and guidance on how to proceed with a referral to other gender services if this is appropriate. LCH TSS is a confidential service and we will not share any information about you without your consent.

What will happen when you visit us?

At LCH TSS service you can usually expect up to 4 one hour long sessions with a Therapist/Counsellor. Of course you may not need all 4 sessions, this is fine, or you may feel that you need further support. If this is the case you can discuss this with your therapist and they can advise you of your options.

The sessions will have 4 main goals:

1. To help you to understand yourself better.

This will be done by the taking of something called a client history, where you basically tell the therapist your story. This is to help the therapist and you both understand how you have arrived at this point and how your gender issues have affected your life.

2. To help make you aware of available options for resolving gender dysphoria.

This will be done by giving you information, including an overview of the use of hormones and surgical procedures to resolve GD and some of the wider health implications.

3. To help you determine life goals and explore ways in which you might be able to meet them.

This will be done by discussing with you some of the social implications of gender transition. For example, the requirement to live in role for 2 years prior to genital surgery, the impact on partners, family and friends, Gender recognition legislation and how to go about changing name.

4. To help ensure that you are receiving all of the support that you need.

If you have any mental health issues, are having problems with housing, employment, addiction or substance use or relationship or sexual problems, with your permission we can refer you directly to appropriate support agencies without you having to go back to your GP. We can also signpost you to local Trans support agencies, which are facilitated by members of

the Trans community and can offer support not only to you but also your friends and family. To help ensure that you are receiving all of the support that you need.

If you have any mental health issues, are having problems with housing, employment, addiction or substance use or relationship or sexual problems, with your permission we can refer you directly to appropriate support agencies without you having to go back to your GP. We can also signpost you to local Trans support agencies, which are facilitated by members of the Trans community and can offer support not only to you but also your friends and family.

Mersey Care Referral

If you think that you might want to be referred into one of the National Gender Identity Clinics, for example if you are thinking of hormone treatment or perhaps surgery, we can refer you to Mersey Care for one appointment. Mersey Care is the local secondary mental Health provider and will be able to provide the Mental Health assessment required for the GIC referral via one of its Community Mental Health Team (CMHT) and the purpose of this appointment is just to check that there are no underlying mental health issues that might be causing your gender distress. This is to inform the GIC and should NOT prevent or slow down any appropriate referral. Whether we make this referral is your choice, but we advise it as it may prevent any delays further down the line.

If you have any queries regarding any of the above information please do not hesitate to contact the LCH TSS service on 0151 284 2500 ext. 117

We look forward to meeting you at your first appointment.

Liverpool Community Health NHS Trust aims to provide a high quality services which reflect the needs of our communities. This means listening and responding to comments to help improve the services we deliver.

If you have any comments or concerns you can speak with a member of staff or contact our Patient Advice and Liaison Service (PALS) for Liverpool Community Health Tel: 0300 790 0224 Fax: 0151 295 3229.

To contact our Customer Service Team Tel: 0151 295 3000, email: csd@liverpoolch.nhs.uk

To request the leaflet in an alternative format please contact the Equality & Diversity Team Tel: 0151 295 3041, email: equality@liverpoolch.nhs.uk

Appendix 3

Mental Health Assessment for Transgender Pathway

Referrer's Information

Name	
Position/Role	
Agency/service	
Address	
Telephone	
Reason for Referral	

Service Users Information

Name	
D.O.B	
Address	
GP	
Medication	
Relevant physical health issues	

Any special requirements needed to assist assessment	
Risk/ Safeguarding Issues	
Details of to whom and where the assessment information needs to be sent.	

Equality Data Information

Gender		Interpreter required	
Is this the gender assigned at birth		Sexual orientation	
Race		Disability	
Religion/Belief		Marital Status	
Preferred Language			

Referral to be sent to:-

Acute Care Team	Phone	Fax
North Sefton : Sherbrook Unit, Hesketh Centre, 51-55 Albert Road, Southport, PR9 0LT	01704 383075	01704 383074
South Sefton, Kirkby & North Liverpool: A&E Department, University Hospital Aintree, Longmoor Lane, Liverpool, L9 7AL	0151 529 8145 / 8858	0151 529 8887
Liverpool : Broadoak Unit Thomas Drive Liverpool L14 3PJ	0151 250 5056	0151 250 5018