





# 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 described 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.

Someone is transgender, or trans, if they identify as a gender

different to that assumed to be in alignment with their biological sex.

# Reasons Why People May Need Support

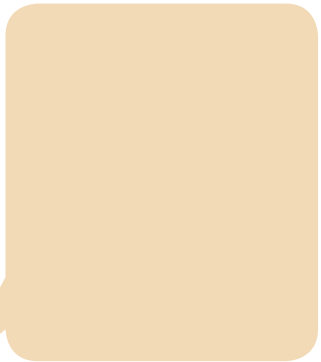
We support transgender and non-binary individuals' equal rights to live their lives with dignity which includes the right to equal access to healthcare. We oppose discrimination of all kinds and are committed to ensuring universal access to healthcare for all on the basis of clinical need." - Dr Helena McKeown, Chair of the BMA

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, and from July 2018 the World Health Organisation officially stated that trans people are not mentally ill, removing the term "transsexualism", replacing it with the term "gender incongruence" and removing it as being listed as a mental disorder.

Nevertheless, trans and non-binary people may need

the help of medgersncio232.9 (u1-15.4 (d))TJO -1.556 Td[(t)6 (h)-11.3 (t)62.51 (t)2 (e)-3.9 (l)-11.7 (e))-3m .5 (n)-9.7 (g 0(e)e7(e)-8.2(g)- l n)-11.3 (3.1 (e)-14.9 (u))]TJ(e t)14 (e.7 (r)1.7 (a))[(i)

# The Trans Pathway



# Adult Pathway Flowchart

# 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 binary identity, for others, they may question or be still thinking about their gender. Others may feel a disconnect or ambivalence to their gender, sex and sense of self. There is no textbook answer. Regardless of how a young person identifies, 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 new young person's Gender Identity Clinics (GICs), which will be a separate service from the adult clinics.

The Tavistock clinic, named the Gender and Identity Development Clinic, will be a separate service from the adult clinics. It will be a separate service from the adult clinics.







# Treatment

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.

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 thinking that all patients need to undergo full binary transition if they wanted any treatment at all, has made a big difference as there is no expectation to take high doses of hormones or have surgery unless this is really needed.

Outcomes are also improved, particularly in the case of young people

# Legal Issues

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.

In situations where a patient lacks capacity, it is important to ensure you involve the right people in the decision making. Acknowledge importance of family support but be mindful that not all family members are understanding and accepting of trans people and some maybe even be hostile or hateful. Remember to consider independent advocacy options and safeguarding issues.

Involve trans people in your process design and



# Care Planning

The Care Programme Approach provides a framework for managing the care of service

seek further advice if you are unsure about information sharing.

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.

Remember, trans people present no greater risk to other people's safety than any other person – in fact, evidence shows trans people are far more at risk of being harmed by others due to discrimination and hate than they are to cause harm to others. Risk assessing trans people should be done in a comparable way to how you risk assess all service users. Don't let bias impact on how you risk assess trans people.

In situations where a patient lacks capacity, be mindful who you involve in the decision making. Family members are sometimes hostile to trans people h6-11.3 (611.3 (n a)-u(s d)-10.5 (n)-9.2 (d)-12.7 (e)-8.2 (r)-21 (s)-13.59(r) decisionk a-5 (t)1413caycisk1 (o)Od2 (e)248.6 (v)-10.7 (i)-1.5 (c)0.7f5 (a)3.8 ((i)-2 (o)-11m8 (t O((i)-2 (3a)-7.5

# Staff Issues

s

s

s

( )

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 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 refreshers 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 and the Gender Recognition Act 2004, Section 22.

# Training

Research suggests that most problems that staff have when

---



---



---



---



---

# Other Resources

## Mental health support

**VitaMinds.** Run by Vita Health, VitaMinds is a free service that people with a Bristol, North Somerset or South Gloucs GP can self-refer into.

<https://www.vitahealthgroup.co.uk/nhs-services/nhs-mental-health/bristol-north-somerset-and-south-gloucestershire/>

<https://switchboard.lgbt/>

---

---

---

---

---





**STAND AGAINST  
RACISM & HATE**

This document would not have been possible without the contributions of trans and non-binary people, specialist agencies and local advocates



with support from

**St Mungo's**  
Ending homelessness  
Rebuilding lives



[@transpridesouthwest](https://www.instagram.com/transpridesouthwest)
[transpridesouthwest@gmail.com](mailto:transpridesouthwest@gmail.com)
[@transpridesw](https://www.twitter.com/transpridesw)