

Guidance on supporting adult transgender service users

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Author:	Macius Kurowski, Equality Manager
Responsible Director:	Zoe Reed, Director Organisation and Community
Responsible Committee:	Quality Sub Committee
Target Audience:	All Clinical Teams
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Equality Impact Assessment	Assessor: Macius Kurowski	Date: 02/11/15
HRA Impact Assessment	Assessor: Macius Kurowski	Date: 02/11/15

Document History

Version Control

Version No.	Date	Summary of Changes	Major (must go to an exec meeting) or minor changes	Author
1.0	7 th October 2015	Guidelines drafted and signed off by Equality and Human Rights Group		Macius Kurowski, Equality Manager

Consultation

Stakeholder/Committee/Group Consulted	Date	Changes Made as a Result of Consultation
Equality and Human Rights Group	21 st May 2015	Amendments to physical health content, clarification that guidance was for adult service users, feedback from Head of Information Governance and Health Intelligence team.
Equality and Human Rights Group	7 th October 2015	Final draft signed off

Plan for Dissemination of Policy

Audience(s)	Dissemination Method	Paper or Electronic	Person Responsible
All clinical teams	Cascade via CAG Service Directors, Equality Leads, and Equality and Human Rights Group members	Electronic	Equality Manager
All clinical teams	Made available through intranet Gender reassignment/transgender information page .	Electronic	Equality Manager

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1. Acknowledgements

Many thanks to West London Mental Health NHS Trust, Central and North West London NHS Foundation Trust, Metro and to the staff at South London and Maudsley NHS Foundation Trust that helped develop this guidance.

2. Introduction

Transgender (or trans) people are people who live all or part of the time in a gender not normally associated with the gender they were given at birth. Trans people self-identify in many ways. A person's gender identity is self-defining, does not always involve a medical process and is a different issue to their sexual orientation.

It is the aim of South London and Maudsley NHS Foundation Trust to ensure that all service users are respected, valued and worked with in a collaborative way that it is sensitive to the needs of each individual. This guidance aims to provide staff with information and good practice required to achieve this aim for trans service users.

3. Definitions (Please also see glossary of transgender terms on page 9)

Service User: A service user is an individual who is referred to, receiving or has received Trust services.

Carers: A carer is someone who provides care and support to a service user

Trans/Transgender: is an inclusive term that embraces the wide diversity of trans people who live all or part of the time in a gender not associated with the gender they were given at birth.

4. Purpose and Scope of the guidance

This guidance aims to provide relevant and useful information on key issues relating to the care of adult trans service users to help staff provide a person-centred, compassionate, safe and effective service. Support to trans children or young people is not addressed in this guidance.

5. Roles and Responsibilities

4.1 Managers and team leaders:

- Will ensure all staff are made aware of and have read the guidance
- Will identify any additional training and support needs required to enable their teams to provide person-centred, compassionate, safe and effective care to trans service users and highlight this to the trust's Equality Manager.
- Will seek feedback from trans service users on their experience of care and ensure periodic monitoring of the quality and effectiveness of the care provided to trans service users.

4.2 All clinical staff:

- Will follow the good practice and guidelines set out within this document when supporting trans service users

4.3 All staff :

- Will follow the good practice and guidelines set out within this document when supporting trans service users

4.4 Trust Equality Manager:

- Will support staff on issues relating to providing person-centred, compassionate, safe and effective care to trans service users.
- When required, facilitate discussion on trans issues at the Trust's Equality and Human Rights Group.

6. Legal information

6.1 The Equality Act 2010

This law makes it unlawful to discriminate against people who: '*are proposing to undergo, are undergoing or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex have the protected characteristic of gender reassignment.*'

IMPORTANT:

- SLaM staff and services need to respect trans people and respond to people in their preferred gender.
- The law protects a broad range of trans people and a person does not have to have undergone a medical procedure to be protected against discrimination.
- There may be some circumstances where it is lawful to provide a different service or exclude a trans person from a single sex service but only if this is a **proportionate means** of achieving a **legitimate aim**. This should only occur in exceptional circumstances and in these cases staff will need to show that a less discriminatory way to achieve the objective was not available.

6.2 The Gender Recognition Act 2004

This law enables trans people to apply for a Gender Recognition Certificate (GRC). This is legal recognition of a person's preferred gender. Not all trans people apply for a GRC and a GRC is not required for protection against discrimination.

IMPORTANT: When a trans service user has a Gender Recognition Certificate:

- It is a criminal offence to disclose a person's previous gender without permission from the individual.
- An exception exists for health care professionals, where the person disclosing information has reasonable belief that:
 1. Consent has been given or that consent cannot be given,
 - AND**
 2. Disclosure is made to a health professional for medical purposes.

7. Terminology

Staff should always use the name, pronoun or term a trans service user prefers in written and verbal communication with them. If in doubt, ask the person how they want to be addressed and respond accordingly.

8. Staff behaviour

All staff should treat trans service users with dignity and respect and act in accordance with the Trust's policies and their professional or non-professional standards. Providing person-centred and compassionate care is the most powerful thing staff can do support trans service users.

It is unacceptable for members of staff to treat trans service users less favourably due to personal or religious attitudes toward trans people.

9. Involving trans service users in their care

Staff should involve and consult with trans service users in all aspects of their care and support. This will help staff understand the individual needs of the service user and enable them to respond appropriately. It is also vital that staff seek feedback from trans service users about the quality of their care and take action to make any required improvements.

10. Harassment

Trans service users have equal rights to protection from harassment as any other service users. Staff should address negative behaviour displayed towards trans service users from other staff or service users.

The Trust has worked with the 4in10 LGBT service user group to develop a [poster](#), [leaflet](#) and [staff briefing](#) that can be help teams ensure the safety of trans service users.

11. Confidentiality

Details relating to an individual's trans status are confidential and classified as 'sensitive' information under the Data Protection Act 1998. This should only be shared with others with the consent of the individual involved, if the information is relevant to the care provided to the service user.

Inappropriate disclosure of information about the gender history of a service user with a gender recognition certificate is a criminal offence for which staff members can be prosecuted. This information can only be disclosed by certain staff in very strict circumstances when consent has been sought and the transmission of data is required for the medical care of the trans person.

As previously stated, service users who hold gender recognition certificates, may or not inform us, and may well wish to keep any discussion of their previous gender to an absolute minimum, unless it is really necessary. Much of the care and support SLaM provides can proceed without the need for knowledge or reference to a trans service user's previous gender.

12. Dealing with trans service users' carer and relatives

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

If the service user's family or carer disagrees with their decision to transition, the service user's preference should be accepted. It is important for staff, led by the consultant, to explain the Trust's position on supporting trans service users to family or carers, stating what the Trust is legally obliged to do, whilst remaining sensitive to the way this is explained to the family and their views.

13. Clinical records on ePJS

SLaM staff and services need to respect and respond to people in their preferred gender. Therefore:

- **When a trans person enters our services for the first time:** an ePJS record should be created reflecting their preferred gender.
- **When an existing service user discloses they are trans or intend to transition:** a new ePJS record should be created reflecting the person's preferred gender. The previous ePJS record should be archived and only accessed, with written consent from the service user, if there are valid clinical reasons for doing so.
- **When a previous service user in the gender they were given at birth returns to use a SLaM service living in their preferred (different) gender:** a new ePJS record should be created reflecting the person's preferred gender. Any previous ePJS record should be archived and only accessed, with written consent from the service user, if there are valid clinical reasons for doing so.

14. Supporting trans service users in inpatient services

14.1 Admission to single sex wards

Trans people have equal rights to access single sex wards as any other man or woman and therefore should be admitted to a ward in accordance with their preferred gender. It is good practice to involve the service user, as much as is possible, in the admission process. This can help reassure the service users and help staff understand what they can do to support the trans person.

Where a trans person is visually and for all practical purposes indistinguishable from a non-trans person of that gender, they should normally be treated according to their preferred gender, unless there are strong reasons to the contrary.

There may be some circumstances where it is lawful to provide a different service or exclude a trans person from single sex ward of their preferred gender but only if this is a **proportionate means** of achieving a **legitimate aim**. Any decision to do this must therefore be based on:

- an objective and evidence-based assessment of the circumstances and relevant information.
- balancing the need of the trans person and the detriment to them if they are denied access, against the needs of other service users and any detriment to them if the trans person is admitted.

14.2 Risk assessment

Staff maybe concerned about the possible risks and vulnerabilities that could arise as a consequence of a trans person being admitted to a ward in accordance with their preferred gender. These should be assessed objectively in light of the cause of that concern.

After consideration it may be appropriate to take additional action to manage risks such as enhanced observation or even moving a trans service user. But a trans service user should not be moved to an inappropriate setting and the decision should not solely be made on the basis they are trans. Just as an Asian patient would not be automatically moved to an inappropriate ward due to potential racism by other patients, so too, a trans person should not be moved from a ward appropriate to their preferred gender due to potential prejudice of other service users.

14.3 Changes in gender presentation

Staff should be mindful that some trans service users' presentation may change due to circumstances and how someone identifies themselves. For example, an individual may identify as a trans man, but in times of crisis derive comfort from wearing female clothing. There may be times when staff will need to determine if their presentation is due to the current mental health needs, or otherwise. Each case will need to be determined on its merits. Some people prefer to occasionally wear clothing not usually worn by their assigned gender for reasons of comfort. This should be respected so long as (as with cisgender service users) it is not overly revealing or sexualised.

14.4 Service users who have difficulties accepting trans service users

This may put the user at risk, so enhanced observation may be necessary, until it is felt that the risk is no longer present. It may be prudent to begin to pro-actively run activities on the ward to discuss trans issues or issues relating to difference generally to help improve awareness and attitudes of service users towards trans people.

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

14.5 Physical healthcare

All service users should be offered a full physical health assessment on admission to mental health services; this should include an assessment of the cardio-metabolic risk factors and the offer of health advice regarding activity, diet, stopping smoking. For transgender men and women there are some additional physical health considerations for the health care team, such as any pre or post-operative care or follow-up that may be required; hair treatment including transplantation or removal; and speech and language therapy. Wherever possible, appointments for specialist care and treatment should be enabled.

14.5.1 Hormonal treatment

A trans person may be undertaking hormonal treatment as part of a transition process. This should be identified in any initial assessment undertaken at admission and steps taken to maintain any treatment during an inpatient stay. There is no evidence to suggest hormone treat influences psychosis however hormone treatment may impact on physical health.

Trans women pre gonad removal surgery may be prescribed depot injections of gonadotrophin-releasing hormone and post operatively oestrogen supplementation either orally (1-6 mg per day) or subcutaneously (50-150 microgram patches every three days or in gel). It is important to maintain lifelong hormone treatment and optimum dosage is confirmed by monitoring of plasma levels. When undertaking a physical health assessment it is important to consider that oral oestrogen treatment for transgender women may be related to an increase risk of venous thrombosis and other vascular events. Specialist consultant haematologist input would be recommended for any transgender woman assessed to be high risk of VTE.

Trans males will receive testosterone replacement which may be given in the form of transdermal gel or by depo injections administered every 2-3 weeks or three monthly depending on treatment choice. In-patient service users should have haemoglobin and haematocrit levels monitored as polycythaemia may occur. Altered haematocrit can cause spurious results from point of care blood glucose analysers. If the service user has diabetes the haematocrit range for the blood glucose meter must be checked from

the manufacturer's user guide and random or fasting plasma glucose or HbA1c considered as an alternative monitoring method.

14.5.2 Cancers

Hormone therapy has not been shown to increase transgender peoples' cancer risk however, there are a few reported cases of trans women having developed prostate cancer and a very small number of reported cases of trans men having developed breast cancer. Trans men who have retained a vagina and cervix should be supported to receive periodic pap smear test. Trans service users should be supported to access to sexual health and age-appropriate cancer screening programmes including screening for cancers of the sex assigned at birth.

14.5.3 Blood glucose regulation

Studies on blood glucose control in individuals receiving hormone treatment report increased insulin resistance and fasting glucose resulting in type 2 diabetes in both trans males and females. The risks associated with antipsychotic medications and blood glucose regulation are well known, however the risks of combining antipsychotic medications with hormone treatment for transgender men or women have not been studied. Trans service users with signs or symptoms of diabetes should be offered appropriate blood tests.

14.5.4 Bone mass

Up to a quarter of trans women experience osteoporosis and the continuation of hormone treatment is an important factor in reducing the risk of developing osteoporosis. Positive health choices such as having a well-balanced healthy diet with calcium, stopping smoking and avoiding excess alcohol intake and undertaking weight bearing exercise is important in maintaining healthy bones

14.6 Searching

Arrangements for searches should be made where possible by mutual agreement with the service user. Outer clothing searches are not normally gender specific. Intimate searches of transgender service users should be performed by a member of staff of the same sex as the trans person's preferred gender. Thus a trans man should be searched by a male member of staff and a trans woman searched by female member of staff. If no staff member of the same gender as the patient is available the search may be performed by a staff member who is not of the same sex. This should only be undertaken when all other options have been exhausted. It is incumbent upon staff to treat a trans people with the same respect they would give any other service user.

In the early stages of transition, where a trans man still may have many female physical features, it would be appropriate, with the consent of the service user, for a female member of staff to perform searches and observation, particularly when dealing with physical conditions attributed to women, e.g. menstruation, smear tests etc.

14.7 Observation

The clinical team, in discussion with the service user, will need to decide upon how observation should be carried out, dependent on the observation levels being used at any given time.

Observation of clothed service users is not normally a gender-specific function. But observation of trans service users that may include intimate observation should be performed by a member of staff of the same gender as the trans person's preferred gender wherever possible. Thus a trans man should be observed by a male member of staff and a trans woman observed by a female member of staff.

If no staff member of the same sex as the service user is available the observation may be performed by a staff member who is not of the same sex. However in the early stages of transition, where a trans man still has many female physical features, with the consent of the patient, it would be appropriate for a female member of staff to perform observation and vice versa. This should only be undertaken with the consent of the service user.

14.8 Using toilets and showers

Trans people have equal rights to access single sex toilets or showers as any other man or woman. Consequently trans people should be able to use the facility appropriate to their preferred gender.

There may be some circumstances where it is lawful to exclude a trans person from single sex toilets or showers of their preferred gender but only if this a **proportionate means** of achieving a **legitimate aim**. Any decision to do this must be made on a case by case basis following an objective and evidence-based assessment of the circumstances and relevant information.

15. Supporting trans service users in community or outpatient services

Arguably, teams that support people in the community play a more critical role in trans people than they do for cisgender people. This is because of the considerably different impact that admission to a single sex inpatient ward is likely to have on trans people if someone becomes so unwell that they require hospitalisation. If this does staff in community teams should work closely with inpatient staff to support the service user's admission to a ward.

16. Access to single sex support groups

Trans people have equal rights to access single sex support groups as any other man or woman. However there may be some circumstances where it is lawful to exclude trans people but only if this a **proportionate means** of achieving a **legitimate aim**. Any decision to do this must be made on a case by case basis following an objective and evidence-based assessment of the circumstances and relevant information.

17. Useful contacts and information

Equality: Macius Kurowski, Equality Manager, Tel: 0203 228 6175, Mobile: 07972660310, Email: Macius.kurowski@slam.nhs.uk

Further information on transgender equality can be found on the intranet at: [Gender reassignment/transgender information page](#).

18. Glossary of transgender terms

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

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

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

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

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

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

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

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

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

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

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

- To maintain full or part-time employment
- To function as a student
- To function in community-based volunteer activity
- To acquire a (legal) gender-identity-appropriate first name
- To provide documentation that persons other than the therapist know that the patient functions in the desired gender role.

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

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

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

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

Trans, transgender: an inclusive and umbrella term referring to people who do not always identify with the sex or gender they were assigned at birth. It covers a wide spectrum of non-traditional gender identities including transsexual people, transvestites

and cross-dressers. Trans is generally a safe term, although it is best practice to use the term a person prefers.

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

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

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

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

Transvestite: it refers to a person who for various reasons may wear clothes usually worn by people of another sex. They may be male or female and may or may not wish undergo transition. This is not always a safe term and should only be used after the person themselves has used it to pertain to themselves. Instead using the term trans is better practice.

19. Monitoring Compliance

What will be monitored i.e. measurable policy objective	Method of Monitoring	Monitoring frequency	Position responsible for performing the monitoring/ performing co-ordinating	Group(s)/committee (s) monitoring is reported to, inc. responsibility for action plans and changes in practice as a result
The guidance will be reviewed by the Equality and Human Rights Group (EHRG)	Discussion at EHRG meeting	Annually	Macius Kurowski, Equality Manager	Equality and Human Rights Group

20 Freedom of Information Act 2000

All Trust policies are public documents. They will be listed on the Trusts FOI document schedule and may be requested by any member of the public under the Freedom of Information Act (2000).

APPENDIX 1: Equality Impact Assessment

PART 1: Equality relevance checklist

The following questions can help you to determine whether the policy, function or service development is relevant to equality, discrimination or good relations:

- Does it affect service users, employees or the wider community? Note: relevance depends not just on the number of those affected but on the significance of the impact on them.
- Is it likely to affect people with any of the protected characteristics (see below) differently?
- Is it a major change significantly affecting how functions are delivered?
- Will it have a significant impact on how the organisation operates in terms of equality, discrimination or good relations?
- Does it relate to functions that are important to people with particular protected characteristics or to an area with known inequalities, discrimination or prejudice?
- Does it relate to any of the following 2013-16 equality objectives that SLaM has set?
 1. All SLaM service users have a say in the care they get
 2. SLaM staff treat all service users and carers well and help service users to achieve the goals they set for their recovery
 3. All service users feel safe in SLaM services
 4. Roll-out and embed the Trust's Five Commitments for all staff
 5. Show leadership on equality through our communication and behaviour

Name of the policy or service development: Guidance on supporting adult transgender service users								
Is the policy or service development relevant to equality, discrimination or good relations for people with protected characteristics below?								
Please select yes or no for each protected characteristic below								
Age	Disability	Gender re-assignment	Pregnancy & Maternity	Race	Religion and Belief	Sex	Sexual Orientation	Marriage & Civil Partnership <i>(Only if considering employment issues)</i>
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A
If yes to any, please complete Part 2: Equality Impact Assessment								

Date completed: 02/11/15

Name of person completing: Macius Kurowski

CAG: Trustwide

Service / Department: Trustwide

Please send an electronic copy of the completed EIA relevance checklist to:

1. macius.kurowski@slam.nhs.uk
2. Your CAG Equality Lead

PART 2: Equality Impact Assessment

1. Name of policy or service development being assessed? Guidance on supporting adult transgender service users

2. Name of lead person responsible for the policy or service development? Macius Kurowski, Equality Manager

3. Describe the policy or service development

What is its main aim? Provide guidance and good practice to staff on supporting transgender service users

What are its objectives and intended outcomes? Support better communication with staff and service users requiring interpretation or translation

What are the main changes being made? Updating 2007 guidance on interpreting and adding guidance on translations

What is the timetable for its development and implementation? Developed during 2015 for rollout across trust in 2016

4. What evidence have you considered to understand the impact of the policy or service development on people with different protected characteristics?

- Feedback from members of the trust's Equality and Human Rights Group
- FFT and PEDIC data on trans servicer users is available from October 2015 when surveys began asking people to disclose their gender identity.

5. Have you explained, consulted or involved people who might be affected by the policy or service development?

Consultation and sign off of guidance by:

- Head of Information Governance
- Health Intelligence
- Nurse Consultant for Physical Health
- Members of the trust's Equality and Human Rights Group
- Comments from staff in CAGs

Local LGBT organisations contacted about the guidance but no specific feedback received other than from Project Co-ordinator of 4 in 10 project.

6. Does the evidence you have considered suggest that the policy or service development could have a potentially positive or negative impact on equality, discrimination or good relations for people with protected characteristics?

Age	Positive impact: Yes	Negative impact: No
Please summarise potential impacts: Support to trans children and young people is not within the scope of this guidance. It is anticipated that the guidance will have a potentially positive impact on trans service users aged 18 and over by supporting staff to provide a person-centred, compassionate, safe and effective service.		
Disability	Positive impact: Yes	Negative impact: No
Please summarise potential impacts: It is anticipated that the guidance will have a potentially positive impact on trans disabled service users by supporting staff to provide a person-centred, compassionate, safe and effective service.		
Gender re-assignment	Positive impact: Yes	Negative impact: No
Please summarise potential impacts: It is anticipated that the guidance will have a potentially positive impact on trans service users by supporting staff to provide a person-centred, compassionate, safe and effective service.		
Race	Positive impact: Yes	Negative impact: No
Please summarise potential impacts: It is anticipated that the guidance will have a potentially positive impact on trans service users of all ethnicities by supporting staff to provide a person-centred, compassionate, safe and effective service.		
Pregnancy & Maternity	Positive impact: Yes	Negative impact: No
Please summarise potential impacts: It is anticipated that the guidance will have a potentially positive impact on trans service users who are pregnant by supporting staff to provide a person-centred, compassionate, safe and effective service.		
Religion and Belief	Positive impact: Yes	Negative impact: No
Please summarise potential impacts: It is anticipated that the guidance will have a potentially positive impact on trans service users of all religions and beliefs by supporting staff to provide a person-centred, compassionate, safe and effective service.		
Sex	Positive impact: Yes	Negative impact: No
Please summarise potential impacts: It is anticipated that the guidance will have a potentially positive impact on trans service users of all sexes by supporting staff to provide a person-centred, compassionate, safe and effective service.		
Sexual Orientation	Positive impact: Yes	Negative impact: No
Please summarise potential impacts: It is anticipated that the guidance will have a potentially positive impact on trans service users of all sexual orientations by supporting staff to provide a person-centred, compassionate, safe and effective service.		
Marriage & Civil Partnership <i>(Only if considering employment issues)</i>	Positive impact: N/A	Negative impact: N/A

Please summarise potential impacts: N/A		
Other (e.g. Carers)	Positive impact: N/A	Negative impact: N/A
Please summarise potential impacts: N/A		

7. Are there changes or practical measures that you can take to mitigate negative impacts or maximise positive impacts you have identified?

YES: Please detail actions in PART 3: EIA Action Plan

8. What process has been established to review the effects of the policy or service development on equality, discrimination and good relations once it is implemented?

Trans service users experience on FFT question and PEDIC questions relating to trust equality objectives and quality priorities will be reviewed on an annual basis by the Trust's Equality Manager as part of:

- The annual equality report to the Board
- The annual thematic review of equality to QSC
- The annual equality information published by the trust to comply with the specific equality duty

Date completed: 02/11/15

Name of person completing: Macius Kurowski

CAG: Trustwide

Service / Department: Trustwide

Please send an electronic copy of the completed EIA relevance checklist to:

1. macius.kurowski@slam.nhs.uk
2. Your CAG Equality Lead

PART 3: Equality Impact Assessment Action plan

Potential impact	Proposed actions	Responsible/ lead person	Timescale	Progress
Review feedback from trans service users within annual public sector equality duty information and Board report	Review trans service users experience on FFT question and PEDIC questions relating to trust equality objectives and quality priorities:	Equality Manager	Jan 2016	
Review actual equality impacts of guidelines	Review EIA	Equality Manager	Jan 2019	

Date completed: 02/11/15

Name of person completing: Macius Kurowski

CAG: Trustwide

Service / Department: Trustwide

Please send an electronic copy of the completed EIA relevance checklist to:

1. macius.kurowski@slam.nhs.uk
2. Your CAG Equality Lead

APPENDIX 2: Human Rights Act Assessment

To be completed and attached to any procedural document when submitted to an appropriate committee for consideration and approval. If any potential infringements of Human Rights are identified, i.e. by answering Yes to any of the sections below, note them in the Comments box and then refer the documents to SLaM Legal Services for further review.

For advice in completing the Assessment please contact Anthony Konzon, Legal Services.

HRA Act 1998 Impact Assessment	Yes/No	If Yes, add relevant comments
The Human Rights Act allows for the following relevant rights listed below. Does the policy/guidance NEGATIVELY affect any of these rights?	No	
Article 2 - Right to Life [Resuscitation/experimental treatments, care of at risk patients]	No	
<ul style="list-style-type: none"> • Article 3 - Freedom from torture, inhumane or degrading treatment or punishment [physical & mental wellbeing - potentially this could apply to some forms of treatment or patient management] 	No	
<ul style="list-style-type: none"> • Article 5 – Right to Liberty and security of persons i.e. freedom from detention unless justified in law e.g. detained under the Mental Health Act [Safeguarding issues] 	No	
<ul style="list-style-type: none"> • Article 6 – Right to a Fair Trial, public hearing before an independent and impartial tribunal within a reasonable time [complaints/grievances] 	No	
<ul style="list-style-type: none"> • Article 8 – Respect for Private and Family Life, home and correspondence / all other communications [right to choose, right to bodily integrity i.e. consent to treatment, Restrictions on visitors, Disclosure issues] 	No	
<ul style="list-style-type: none"> • Article 9 - Freedom of thought, conscience and religion [Drugging patients, Religious and language issues] 	No	
<ul style="list-style-type: none"> • Article 10 - Freedom of expression and to receive and impart information and ideas without interference. [withholding information] 	No	
<ul style="list-style-type: none"> • Article 11 - Freedom of assembly and association 	No	
<ul style="list-style-type: none"> • Article 14 - Freedom from all discrimination 	No	

Name of person completing the Initial HRA Assessment:	Macius Kurowski
Date:	02/11/15
Person in Legal Services completing the further HRA Assessment (if required):	
Date:	