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**1. Introduction**

All people who use Trust services are entitled to be respected, valued, and worked with in a way that it is sensitive to their individual needs. This policy aims to provide staff with information, tools and best practices required to achieve this aim for people using our services.

South West Yorkshire Partnership NHS Foundation Trust is committed to promoting diversity and inclusion, equality of opportunity and upholding human rights. As part of this commitment, this policy is in place to improve services for people who identify as transgender. It is written to inform, educate and aid Trust staff and enable them to fully understand how to support people who present into services including Cisgender, Transgender or Non-Binary. We will maintain the same high standard of dignity and respect that they expect and deserve from our services.

**2. Scope**

This policy is guided by the Trust Vision, Mission Statement and Core Values.

This Policy aims to define an approach to transgender inclusion and support. This policy applies to any one who may use our services and it respects those who wish to present themselves in a gender which differs from the gender they were assigned at birth or as gender fluid or non-binary. The policy applies to all staff, to all service settings, and to those who are involved directly in providing care and treatment.

For the purposes of this policy, the Equality Act of 2010 is recognized by the NHS Trust and its elements are acknowledged. Over time, terminology and their lexicon change in many ways. Within the Equality Act of 2010, there are a few words which now reflect old, discarded and contentious concepts. In this Trust policy, current terminology will be added to support and clarify the intent and letter of the Law.

By law, there are nine segments of our community, which, historically, have been subjected to discrimination and mistreatment. They are identified as Protected Characteristics within the Equality Act 2010 (See section 18 for details).

Two of these Protected Characteristics include gender reassignment and sex. It defines sex as the gender, assigned to a person at birth (male or female). This female/male designation is known as the gender binary. The majority of people whose gender identity corresponds with the sex the person had (or was identified as having at birth) are referred to as Cisgender. Gender reassignment refers to actions taken to reverse or change the assigned gender or marker.

Under the Law, Gender Reassignment is defined as “… person who intends to undergo, is undergoing or has undergone gender reassignment”. The term, within the law used to describe a person having the “protected characteristic” of gender reassignment as “transsexual” and has become quite contentious within the community, and is no longer used. For this reason, throughout this policy transgender will be used instead..

The Equality Act of 2010, protects transgender and non-binary people from discrimination on the basis of ‘gender reassignment’. This is defined as when your gender identity is different from the sex assigned to you when you were born.

Anyone in the process, social or physiological, of changing their gender is protected from discrimination under this law. The protections for gender reassignment are irrespective of what stage someone is in of changing their gender or how they are perceived. They are protected regardless of whether that person has undergone hormone therapy or surgery.

There are also very specific protections against discrimination within the current Gender Recognition Act 2014. This protects a transgender person who intends to undergo, is undergoing or has undergone gender reassignment, hereafter referred to as transition or transitioning.

It is important to note that there are two overlapping areas of transition: social transition and medical transition. All transgender and non-binary people who transition, do so at their own pace and only to the degree with which they are comfortable. No two people experience transition the same. Knowing the details of one transition allows you to understand the issues faced by that one person and cannot be applied to any other person.

Transgender or trans is often used as an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, genderqueer, genderfluid, non-binary, agender, two-spirit, bi-gender, trans man, trans woman, transmasculine, and transfeminine. See Section 16, Definitions for more information.

**3. Purpose**

The purpose of this policy is to provide NHS South West Yorkshire Partnership Management, Staff, employees, patients, clients, guests and volunteers with guidance and direction. While other policies deal with a variety of issues; this policy is specifically focused on improving the care and support for transgender, non-binary people and carers (caregivers) who place their trust in our services.

This policy was also written to aid and protect Trust management, staff and volunteers in the performance of their role within the Trust. By following guidelines and complying with the Equality Act and its mandates; clients, patients, guests and visitors will feel respected and welcome, fostering improved care, trust in our care providers and a more respectful workplace.

**4. Justification**

For people who are transgender or non-binary, access to primary, emergency, and transition-related health care is often difficult. Transgender and non-binary individuals and communities are often invisible in healthcare services and their needs unmet. A number of factors contribute to this:

* Lack of training for professionals
* Discrimination of transgender and non-binary people
* Poor knowledge regarding transgender bodies, experiences and healthcare options
* Lack of representation in services and information

Our priorities as a Trust are to improve service delivery for each of these key issues and thereby improve the experience of transgender and non-binary communities using our services.This policy will help staff understand and raise awareness of the impact of discrimination on transgender and non-binary patients.

**5. Policy Statement and risk assessment**

It is the priority of this Trust that all healthcare professionals will ensure that clinical and interpersonal responses are patient-centered, respectful and flexible towards all transgender people including those who do not meet the legal definitions and live continuously or temporarily in their confirmed gender role.

Guiding Principals:

* Transgender people should be accommodated according to the pronouns that they currently use.
* This presentation may not always match with the physical sex appearance of their primary or secondary sex characteristics.
* Allocation of accommodation does not depend upon their having a gender recognition certificate (GRC) or legal name change.
* Transgender people with a full Gender Recognition Certificate (GRC) can request that any reference to their previous gender and previous name is completely removed from records.
* Allocation of accommodation will apply to toilet and bathing facilities (except, for instance, that pre-operative transgender women and transgender men may be uncomfortable if asked to share open shower facilities).
* The views of the transgender person should take precedence over those of family members where these are not the same. (Please refer to section 12. for further guidance).
* In embedding this policy, the focus should be “patient-centred”. This ensures a flexible approach to caring for transgender people at any stage in their transition and for those people who may not intend to transition but who see gender as a transient and changeable state.
* Accommodating transgender people in line with their identified gender is not optional and must be the starting point of any interaction with a transgender person.
* We must ensure that clinical responses are patient-centred, respectful and flexible for people who are considering undergoing, have undergone, or are in the process of undergoing gender transition. Adopting a flexible approach in policy and practice will benefit all people and make sure that no one is left out.
* Ensure that transgender clients, patients and allies feel safe using our services.
* Provide guidance on the considerations, impacts and adaptations we may need to consider to ensure the person receives the best possible care and treatment.
* Provide guidance to staff on the collective approach we should take as a Trust to support transgender patients, families, friends and carers (caregivers).
* Ensure our services remain person centred and that inpatient wards in particular are able to respond to and comply with the legal requirements contained in the Equality Act 2010, Gender Recognition Act 2004, Data Protection Act 1998 and Human Rights Act 1998.
* Ensure that we record an individual’s identity each time they use a service and ensure information governance and health records protocols are in place to facilitate an individual’s choice to change their name or gender at any time.
* Include the individual as part of the care planning approach.
* Never discriminate by perception, association or any other means.

**5.1 Risk assessment**

Staff may be concerned about the possible risks and vulnerabilities that could arise as a consequence of a transgender person being admitted to a ward in accordance with their identified 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 reviewing the care plans of all those affected, facilitating discussions with all parties to see if education and understanding about inclusive practices is necessary; for the people using the ward services and the staff working on the ward.

A transgender person should not bemoved solely in response to this enhanced risk and if it is deemed necessary to move someone the focus should be on the person exhibiting prejudicial behaviours not the person affected by them.

**6.** **Transitioning Guidelines**

This section outlines four critical areas of concern each Trust representative must know when working with or treating a transgender person. The four critical areas include:

1. Guideline to support transition

2. Involving transgender people in decisions about their care and treatment

3. Working well with transgender people, their family, friends and caregivers

4. Confidentiality

**Critical area 1: Guideline to support transition**

The following guidelines describe how the Trust can positively support and respond to people who are in transition and use our services. The guidelines include:

* The importance of recording and treating people in the gender in which they identify. Do not make assumptions regarding any client’s gender identity, sexual orientation or choices.
* Use the name and pronouns that the person asks you to. If you are unsure, ask the person with compassion and tact. Always use the words they use to describe themselves, even if they are not the words you might have assumed they would use.
* Focus on the client’s specific needs, rather than on their gender identity (unless the client’s issue is specifically gender related).
* Understand that trans people may be sensitive about revealing information relating to their past, especially if they think it might affect how they are perceived and treated in the present.
* Do not tell others about a persons trangender status unless they have given their permission to do so. Confidentiality is a key to individual physical safety.

**Critical area 2: Involving transgender people in decisions about their care and treatment**

Staff should involve and consult with transgender people in all aspects of their care and support. Many transgender people will face harassment and abuse in their everyday life so it is essential that we do everything we can to ensure they feel safe and welcome when they are using our services.

Fundamentally we will achieve this by treating people as individuals and following the guidance in this policy. Involving and consulting with people on all matters of their care and support 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 transgender and gender non-conforming people about the quality of their care and take action to make any required improvements.

**Crtitical area 3: Working well with transgender people, their family, friends and carers**

Some transgender people may not have informed family members of their intention to transition. It is therefore important that staff ask people how they would like staff members to work with their family. It may be helpful to refer to the person using our service as the singular ‘they’ or ‘them’ or by their preferred name, as opposed to using pronouns, when speaking with the family and to ensure that all correspondence uses gender neutral pronouns.

If the family member or carer of the person using our service does not support the intention to transition, the person using our service’s preference should be accepted. It is important for staff, supported by a clinical lead or senior practitioner, to explain the Trust’s position on supporting transgender and gender non-conforming people 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, showing respect for their perspective and view.

In some instances, parents or those with parental responsibility may have a view that is not consistent with the child’s view. If possible, the child’s preference should prevail even if the child is not Gillick competent.

**Critical area 4: Confidentiality**

Details relating to an individual's transgender status are confidential and classified as one of the special classes of personal data under the General Data Protection Regulation. 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 person.

Inappropriate disclosure of information about the gender history of a person using a Trust service 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 transgender person.

People who hold gender recognition certificates may or may 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 the Trust provides can proceed without the need for knowledge or reference to a transgender service user’s previous gender.

**7. Dealing with Transphobic abuse, harassment or bullying**

Transphobic abuse, harassment or bullying (name calling/derogatory jokes, unacceptable or unwanted behaviour and intrusive questions) are serious and will not be tolerated.

All staff and service users are responsible for their own behaviour and are expected to comply with this policy and to take appropriate measures to ensure inappropriate conduct does not occur.

Trust staff and service users should report any harassment or bullying behaviour that comes from any person whether Trust employee, client, visitor, caregiver or other service user. If an individual is in any doubt as to whether an incident that has occurred constitutes harassment or bullying, they should not hesitate to report it. Incidents may be discussed or reported to:

* A staff member
* Ward manager
* An advocate

The decision to report or raise a formal complaint rests with the individual who has been directly or indirectly impacted. If a person believes they are being harassed, bullied, or have experienced an inequality they are encouraged to discuss it in the first instance.

Staff should report directly to a line manager and record any form of abuse, harassment and or bullying which has taken place. Anyone who is witness to an incident of harassment, bullying or inequality, is encouraged to challenge the behaviour taking into account any guidance or policy such as the policy on ‘Personal Safety from Aggression and Violence’.

Incidents and threats against someone because of their disability, transgender identity, race, religion or belief, or sexual orientation are hate crimes and should be reported to the police.

**8. Clinical records**

Trust staff and services need to respect and respond to people in their identified gender. Therefore, when a transgender or gender non-conforming person enters our services for the first time a record should be created reflecting their identified gender.

When somebody already using our services discloses they are transgender or intend to transition a new record should be created reflecting the person’s identified gender. The previous record should be archived and only accessed, with written consent from the person themselves if there are valid clinical reasons for doing so.

When someone who previously used our services in the gender they were assigned at birth returns to use a Trust service living in their identified (different) gender: a new record should be created reflecting the person’s identified gender. Any previous record should be archived and only accessed, with written consent from the person themselves, if there are valid clinical reasons for doing so.

In relation to accessing the person’s previous Carenotes record, it would be best practice to ask the person for written consent to do this if they have the ability and capacity to do this if access is needed for reasons of health, safety and wellbeing. In cases where a person does not consent or does not have the capacity to consent, the best interests of the safety and wellbeing of the person and those around them will need to be considered. The Gender Recognition Act (2004) clearly states that this information can be accessed and shared if it is being done for medical purposes by a health professional and the health professional reasonably believes that the person has given consent, is unable to give consent or the information is needed to maintain the safety of the person and/or those around them.

The Act states that the term ‘medical purposes’ includes the purposes of preventative medicine, medical diagnosis and the provision of care and treatment. The RCN (2007) further state that records may need to be accessed when it is essential for the delivery of care for the person, but information must only be shared with people who need to know it in order to deliver safe and efficient care.

**9. Supporting transgender people in accommodation, estates and facilities**

Admission to single sex accommodation for those who live in their confirmed gender should always be offered according to their gender presentation. Transgender and gender non-conforming people have equal rights to access appropriate services for their needs as any other person and therefore should also be admitted to a ward that is as close to their support networks as possible.

It is good practice to involve the person using the service in their care as much as is possible in the admission process. This can help reassure them and help staff understand what they can do to support the trans person.

There may be some circumstances where it is lawful to provide a different service or exclude a transgender or gender non-conforming person from the single sex ward of their identified gender but only if this 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 transgender 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.

Transgender people may use the toilet that matches their gender identity, regardless of whether they are making a gender transition or appear to be gender non-conforming.

Harassment of transgender and gender-nonconforming people for using facility toilets in accordance with their gender identity will not be tolerated. Transgender and gender-nonconforming people who are harassed in this manner may contact [member of staff trained in handling harassment complaints and in issues of transgender cultural competency].

Staff should provide gender neutral and single-use toilet options. Understand that this is a health and safety issue for transgender, gender non-conforming, and gender expansive people. Your single-use toilet may be the only safe place to tend to their body that your client has had access to all day.

**10. Our approach**

Staff should treat transgender and gender non-conforming people using our services with dignity and respect and act in accordance with the Trust’s policies and their professional or occupational standards. Providing person-centred and compassionate care is the most powerful thing staff can do to support transgender and gender non-conforming people. It is unacceptable for members of staff to treat transgender and gender non-conforming people using our services less favourably due to personal, cultural or religious attitudes toward transgender people.

Staff should always use the name, pronoun or term a transgender person requests in written and verbal communication with them. If in doubt, ask the person how they want to be addressed and respond accordingly. Most transgender people will use the most common pronouns, ‘he’ and ‘she’, to refer to themselves. However, some people may use the gender-neutral pronouns ‘they/them’ in the singular sense. You may also meet a transgender and gender non-conforming person who uses less common gender neutral pronouns (such as ‘zie’ or ‘hir’) but these are currently mostly used online. In place of the gendered titles of address (Mr, Miss, Mrs, Ms), you might see the use of a gender-neutral title of Mx.

**11. Duties**

The duties for the Trust in relation to this policy are set out below:

* **The Board of Directors** hold overall responsibility for ensuring an up to date policy is in place, which is fit for purpose and based on best practice. The Board is required to ensure that the Trust treats all people equally and inclusively.
* **The Director of Quality, Nursing and Professions** will act as the overall sponsor for this policy and will oversee that compliance with this policy and ensure the required standards are monitored and reported, and best practice achieved and shared.
* **The Director of Strategy and Change** will ensure that the Trust maintains its legal obligations in relations to equality and inclusion alongside other Directors who will need to ensure that this policy is disseminated, embedded and implemented in their own Directorate.
* **Service and Clinical Directors** are responsible for ensuring there is local compliance with the policy; that staff members have the necessary knowledge and have accessed the relevant training to be able to work well with trans people.
* **Matrons and Service Managers** will:
  + - Ensure the policy is implemented throughout local services
    - Ensure all staff are made aware of and have read the policy
    - Identify any additional training and support needs required to enable their teams to provide person-centred, compassionate, safe and effective care to trans people and highlight any gaps in this provision to the Trust’s Equality and Involvement Managers
    - Will seek feedback from transgender and gender non-conforming people on their experience of care and ensure periodic monitoring of the quality and effectiveness of the care provided to transgender people using our services
* **The Communication, Involvement, Equality and Inclusion Lead** will monitor compliance and progress against nationally mandated standards, identify core training, and offer advice and guidance. Trust wide actions related to ensuring we meet the requirements of the policy will also form part of the Trust wide equality, inclusion and involvement annual action plans.
* **All staff** will follow the good practice and guidelines set out within this policy when supporting transgender and gender non-conforming people.
* **Responsibilities of the Equality Inclusion and Involvement Committee** will be to sign off the policy and monitor the implementation of any required Trust Wide actions or developments as part of the annual action plans for equality and inclusion to deliver the Equality, Involvement, Communication and Membership action plan.
* **Responsibilities of the Executive Management Team (EMT)** will be to comment on and approve this policy and be responsible for ensuring it has been developed according to the Trust’s protocol.

**12. Definitions**

Understanding the correct term or word will play a large part in supporting and understanding an individual who may describe themselves using one or more than one of the terms set out below.

These words and descriptions are important and staff need to take the time to understand each one or refer to the policy if a word or term is being used that they do not understand. Please note this not a complete list of terminology and these terms can change over time so looking up a word or term is very important. Definitions can vary from community to community and the context within which they are used. The affect of not understanding the word/term may result in a negative impact or outcome for the individual.

|  |  |
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| Word/term | Description |
| Androgyne / Agender polygender people | Someone who appears simultaneously male or female in presentation/appearance and may or may not have non-binary gender identities as a result. They would not always describe themselves as transgender |
| Acquired gender | The gender of a person who has had their gender reassigned and/or legally recognised. It is possible for someone to transition fully without surgery. |
| Bigender | A person who experiences gender identity as two genders at the same time, or whose gender identity may vary between two genders. These may be masculine and feminine or could also include nonbinary identities. |
| Cisgender | An adjective to describe a person whose gender identity is congruent with (or “matches”) the biological sex they were assigned at birth. (Some people abbreviate this as “cis”). |
| Gender | In historical context, this refers to the characteristics associated with masculinity and femininity. In a modern context, this refers to a broader range of characteristics that go beyond the gender binary. |
| 3rd Gender | Individuals who do not personally identify as either man or woman (may not identify as transgender). |
| Gender dysphoria | *Gender dysphoria* refers to discomfort or distress that is caused by a discrepancy between a person’s gender identity and that person’s sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics) (Fisk, 1974 (Knudson, De Cuypere, & Bockting, 2010b). |
| Gender Expression | The way gender is conveyed to others through clothing, communication, mannerisms and interests — and behaviour may not follow stereotypical societal norms for the sex assigned to them at birth. Some will identify and express their gender fluidly outside of the gender binary. For example, dress feminine one day and masculine another day. Gender expression may also depend on the perceived degree of danger faced by the patient. A Transgender Woman, early in her transition, may dress as a male only at work to avoid conflict by co-workers. |
| Gender identity | Everyone has a gender identity. It describes the psychological identification of oneself as a boy/man or as a girl/woman or neither. For some individuals this can be different from how they present. |
| Gender Fluid | A person whose gender identity or expression shifts between masculine and feminine or falls somewhere along this spectrum. |
| Gender non-conforming | A person whose gender expression is perceived as being inconsistent with cultural norms expected for that gender. Specifically, boys/men are not masculine enough or are feminine, while girls/women are not feminine enough or are masculine. Not all transgender people are gender non-conforming, and not all gender non-conforming people identify as transgender. Cisgender people may also be gender non-conforming. Gender non-conformity is often inaccurately confused with sexual orientation. |
| Gender Marker | Usually a check mark or X in a box indicating the gender of an individual. The traditional choices are male and female: with “other” or “non-Binary” becoming popular. Certificates of birth, drivers’ licenses and passports are common places to find a gender marker. |
| Genderqueer | A person whose gender identity is neither male nor female, is between or beyond genders, or is some combination of genders. |
| Gender re-assignment (sometimes known as Transition) | A process carried out under medical supervision for reassigning a person’s sex by changing physiological or other characteristics of sex. This may include counselling, hormone treatment or surgery. Equality Act 2010 Gender reassignment is a protected characteristic. |
| Gender reassignment surgery | Medical term for what transgender people often call gender confirmation surgery, surgery to bring the primary and secondary sex characteristics of a transgender person’s body into alignment with his or her internal self-perception. Some people do not desire surgery, or do not want surgery (or may choose other treatments), to feel comfortable with their body in relation to their gender identity. |
| Gender Vs Sexual orientation | Gender is who a person identifies as, usually in terms of the gender binary – male or female. Sexual orientation is the attraction and/or affection one feels towards someone else in terms of a sexual relationship. Never assume a sexual orientation based on a persons gender presentation or marker. |
| Gender Variance or Transsexualism | Outdated terms which have been eliminated or replaced. Their use can be considered discriminatory and offensive. |
| Intersex People / Intersexed | Individuals who have indeterminate or both sets of sexual characteristics at birth and who may have been assigned to the gender of the most dominant genitalia at or soon after birth. The majority of intersex people do not identify as transgender. Others may identify as transgender and choose in adulthood to undergo gender reassignment treatments to enable them to live in their preferred gender role, which is opposite to that in which they were raised. |
| Non-Binary | A continuum or spectrum of gender identities and expressions, often based on the rejection of the gender binary’s assumption that gender is strictly an either/or option of male/men/masculine or female/ women/feminine based on sex assigned at birth. Words that people may use to express their non-binary gender identity include “agender,” “bigender,” “genderqueer,” “genderfluid,” and “pangender”. |
| Pangender | A person who identifies as all genders. |
| Queer | Used as an umbrella term to describe individuals who do not identify as straight (heterosexual) or cisgender. Due to its historical use as a derogatory term, it is not embraced by all LGBTQ people. |
| Transgender man / Transgender woman | A general term commonly used only as an adjective by those who identify themselves as transgender, transsexual. Where transgender people have transitioned permanently, many (but not all) prefer to be regarded simply as men and women. |
| Transition  (Transgender context) | 1. To Transition means changing from one to another.  2. The process of transition is: An indeterminate period of time when a transgender person begins or is actively engaged in their gender reassignment. This often includes some or all of the following: cultural, legal and medical adjustments; telling one’s family, friends, and/or co-workers; changing one’s name and/or sex on legal documents; medical interventions such as hormone therapy; and possibly (though not always) some form of surgical correction. |
| Transgender FtM | A female to male transgender person. Someone who is changing, or has changed, gender from female to male. Also described as a ‘Trans man’. |
| Transgender MtF | A male to female transgender person. Someone who is changing, or has changed, gender from male to female. Also described as a ‘Trans woman’. |
| Transgender | Transgender is an umbrella term used to capture the spectrum of gender identity and gender-expression diversity. Gender identity is the internal sense of being male, female, neither or both. Gender expression — often an extension of gender identity — involves the expression of a person's gender identity through social roles, appearance and behaviours.  People who are transgender include:   * Those who have a gender identity that differs from the sex assigned to them at birth * Those whose gender expression — the way gender is conveyed to others through clothing, communication, mannerisms and interests — and behaviour do not follow stereotypical societal norms for the sex assigned to them at birth * Those who identify and express their gender fluidly outside of the gender binary, which might or might not involve hormonal or surgical procedures |
| Transphobia | A fear and strong dislike of transgender people, which can lead to hatred resulting in verbal or physical attacks and abuse. |
| Transsexual | Legal Definition: A person who proposes to, starts, or has completed the process of gender reassignment.  This is an older term that has been used to refer to a transgender person who has had hormonal or surgical interventions to change their bodies to be more aligned with their gender identity than the sex that they were assigned at birth. While still used as an identity label by some, “transgender” has generally become the preferred term. |
| Transvestite/cross dresser | Terms relating to self expression, not gender. A term used to describe a person who dresses in the clothing of the opposite sex. Generally, transvestites / cross dressers do not wish to change their body and do not necessarily have gender dysphoria. |
| Sex | A person’s assigned gender at birth. Protected under The Equality Act of 2010, it generally refers to which genitalia are identified at birth. Usually as either Male or Female (or neither or both). |
| Sexual Orientation | Describes an individual’s enduring physical, romantic, emotional and/or spiritual attraction to another person. Transgender people may be heterosexual, lesbian, gay, bisexual, asexual or any other sexuality (this may change post transition). |
| Stealth / Passing | The term Stealth, is considered deceptive and is no longer used. Passing is rarely used and has been replaced by the concept of *being accepted as I am*. Both refer to a desire to be accepted as a female or male, living in a way where nobody knows your previous gender history. |
| Gender Recognition Panel (GRP) | A panel of legal and medical professionals appointed to consider application for a gender recognition certificate [Gender recognition - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/gender-recognition) |
| Further Definitions can be found at: | Legislation.Gov.uk (2010 Chapter 15, Equality Act)  <https://www.glaad.org/reference/terms>  <https://www.thequeensenglishus.com>  <https://www.plannedparenthood.org/learn/gender-identity/transgender/transgender-identity-terms-and-labels>  <https://www.lgbt.cusu.cam.ac.uk/wp-content/uploads/2014/01/Including-transgender-Students-at-Cambridge-University.pdf>  <https://www.bbc.com/news/magazine-32979297> |

**13. Legal duties**

**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.’ **It is important that:**

* Trust staff and services demonstrate and respect trans people and respond to their identified 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 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.

**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 identified gender. Not all trans people apply for a GRC and a GRC is not required for protection against discrimination. It is important that when a trans person using our services 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

**14. Dissemination and implementation arrangements (including training)**

The policy will be dissemintated through managers and staff. This will include a quick guide and form part of the Trust lunchbox session on equality. In addition this will be shared through OMG and BDUs through the designated equality and involvement lead. The policy will be highlighted through staff communication channels and available on the intranet with a direct link from the equality page.

Directors are responsible for ensuring that staff within their area of responsibility are aware of new or amended policies and procedures related to their work and the change is communicated in The Headlines. If local teams download and keep a paper version of documents, the responsible manager must identify someone within the team who is responsible for updating the paper version.

1. **Process for monitoring compliance and effectiveness**

The process for monitoring compliance will be managed via the equality and involvement team. The team support the development of service and policy EIAs and will be ensuring that the impacts for transgender are embedded in the approach.

Teams and services will also be monitored ensuring care and treatment standards are maintained and are in line with clinical good practice and legal obligations. SystmOne captures equality data and transgender information should be captured at initial contact with individual assessments and care plans using the guidelines set out in this policy to support people using our services. The policy will also form part of:

* EIA insight and action plans
* Review of Trust practice against national audit standards every 2 years
* CQC inspections
* Service improvement initiatives
* Learning from patient feedback through FFT, customer service, advocacy and agencies such as Healthwatch

**16. Review and Revision Arrangements**

* The policy requires approval by EMT and will be subject to review every three years.
* This policy will be accessible via the Trust’s intranet in read only format.

This policy will be retained in accordance with requirements for retention of non- clinical records. Revisions/updates to this policy will be stored as above by the integrated governance manager with previous iterations archived. Information provided by services originating from external sources will be archived by BDUs.

**Appendix 1**

**Sources of information**

**Department of Health Publications**

Trans: A Practical Guide for the NHS:

[Trans: A practical guide for the NHS (gires.org.uk)](https://www.gires.org.uk/wp-content/uploads/2017/03/doh-trans-practical-guide.pdf)

A guide to Hormone Therapy for Trans People:

[http://www.gires.org.uk/assets/DOH-Assets/pdf/doh-hormone-therapy.pdf](https://www.gires.org.uk/wp-content/uploads/2014/08/doh-hormone-therapy.pdf)

A Guide for Young Trans People in the UK:

<http://www.safeschoolscoalition.org/guide4young-trans-inUK.pdf>

Reducing Health Inequalities for LGBT People – Briefings for Health & Social Care Staff:

<http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_078347>

Transgender Experience: Information & Support

[Transgender experiences - Information and support (beaumontsociety.org.uk)](https://www.beaumontsociety.org.uk/documents/nhs/doh-transgender-experiences.pdf)

Bereavement: A Guide for Transsexual, Transgender People and their Loved Ones:

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\_consum\_dh/groups/dh\_digitalassets/@dh/@en/documents/digitalasset/dh\_074251.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_074251.pdf)

Guidance for GP’s, Other Clinicians and Health Professionals on the Care of Gender Variant people:

[82116-COI-Gender A guide...-1 (genderarchive.org.uk)](https://genderarchive.org.uk/assets/pdfs/Department%20of%20Health%20-%20Guidance%20for%20GPs%20and%20other%20clinicians%20on%20the%20treatment%20of%20gender%20variant%20people.pdf)

Medical Care for Gender Variant Children & Young People: Answering Families’ Questions:

[Medical care for gender variant children and young people: answering families’ questions (schools-out.org.uk)](http://schools-out.org.uk/furthertools/Docs2008/GIRES_Children_Adolescents.pdf)

**Other Resources**

EHRC Guidance document: “Provision of goods, facilities and services to Trans People”

[Guidance for Public Authorities: (genderarchive.org.uk)](https://genderarchive.org.uk/assets/pdfs/Equality%20and%20Human%20Rights%20Commission%20-%20Provision%20of%20goods%20facilities%20and%20services%20to%20trans%20people.pdf)

Living My Life:

<http://www.nhs.uk/Livewell/Transhealth/Documents/LivingMyLife.pdf>

Domestic Violence: A Resource for Trans People:

[guide.pdf (reducingtherisk.org.uk)](https://reducingtherisk.org.uk/wp-content/uploads/2021/03/guide.pdf)

Interim Gender Dysphoria Protocol and Service Guideline:

[int-gend-proto.pdf (gires.org.uk)](https://www.gires.org.uk/wp-content/uploads/2017/03/int-gend-proto.pdf)

Gender Diversity Policy Guide for Employers:

[Gender-Diversity-Policy-Guide-for-Employers-201908.pdf (gires.org.uk)](https://www.gires.org.uk/wp-content/uploads/2019/08/Gender-Diversity-Policy-Guide-for-Employers-201908.pdf)

Research

Transgender Eurostudy: Legal Survey and Focus on the Transgender Experience of Health Care

[untitled (pfc.org.uk)](http://www.pfc.org.uk/pdf/eurostudy.pdf)

Research

Experiences of trans and gender diverse young people

Healthtalk.og

Experiences of parents of trans and gender diverse young people.

Healthtalk.org…

Unison

[On-line-Catalogue205373.pdf (unison.org.uk)](https://www.unison.org.uk/content/uploads/2013/06/On-line-Catalogue205373.pdf)

RCN

[RCN Group Equality, Diversity And Inclusion Statement](file:///C:\Users\Alexandra.Taylor\Downloads\RCN-Group-Equality-diversity-and-inclusion-statement.pdf)

[Caring for lesbian, gay, bisexual or trans clients or patients](https://www.rcn.org.uk/Professional-Development/publications/pub-005592)

[Fair Care for Trans and Non-binary People](https://www.rcn.org.uk/Professional-Development/publications/rcn-fair-care-trans-non-binary-uk-pub-009430)

Stonewall

<http://www.stonewall.org.uk/>

**Appendix 2 - Equality Impact Assessment Tool**

*To be completed and attached to any policy document when submitted to the Executive Management Team for consideration and approval.*

**Equality Impact Assessment template**

**to be completed for all policies, procedures and strategies**

**Date of EIA: 05/07/22 Review Date:**

**Completed By: Dawn Pearson**

|  |  |  |
| --- | --- | --- |
|  | **QUESTIONS** | **ANSWERS AND ACTIONS** |
| **1** | **What is being assessed?**  Prompt: what is the function of this document (new or revised) | **Trans Equality Policy – Service Users**  **(Transgender/Transsexual)** |
| **2** | **Description of the document**  Prompt: What is the aim of this document | The policy will ensure that transgender patients, their families, friends and carers who use Trust services will feel their needs are being met through this inclusive approach. The policy is seeking to create a positive experience for anyone who is trans and those seeking to transition.  Having a Trans policy will demonstrate that the Trust takes seriously its commitment to ensuring we are inclusive. And this policy will be pro-active in the advancement of equality for all trans people and  those seeking to transition. The purpose of this policy is to ensure that:   * Trans patients are treated with dignity and respect when accessing Trust services * That all patients receive the right care, treatment and outcomes   Policy provides guidance for staff on how to ensure the Trust remain compliant with the Public Sector Equality Duty (PSED) and that transgender patients, their families, carers and friends have access to the same services and treatment. |
| **3** | **Lead contact person for the Equality Impact Assessment** | **Director of Nursing, Clinical Governance and Safety** |
| **4** | **Who else is involved in undertaking this Equality Impact Assessment** | **Dawn Pearson Communications, involvement, equality and inclusion lead, Equality and Involvement team** |
| **5** | **Sources of information used to identify barriers etc**  Prompts: service delivery equality data – refer to equality dashboards ([BI Reporting - Home (sharepoint.com)](https://swyt.sharepoint.com/sites/BIReporting) satisfaction surveys, complaints, local demographics, national or local research & statistics, anecdotal. Contact [InvolvingPeople@swyt.nhs.uk](mailto:InvolvingPeople@swyt.nhs.uk) for insight  **What does your research tell you about the impact your proposal will have on the following equality groups?** | The direct source of the Equality data used is referenced under the relevant section of the EIA in the first instance. This includes census data. This includes findings form Transgender development sessions and wider involvement with stakeholders which has informed the impacts identified. |
| **5a** | **Disability Groups:**  Prompt: Learning Disabilities or  Difficulties, Physical, Visual, Hearing  disabilities and people with long term  conditions such Diabetes, Cancer,  Stroke, Heart Disease etc. Accessible information standard | If a trans person has been diagnosed as having **gender dysphoria** and this has a long-term adverse impact on their ability to carry out normal day-to-day activities then they may be protected under the provisions of the Equality Act 2010.Trans people who are potentially covered under the Equality Act definition of disability will have those rights expressed more clearly.  **Mental health** - There is a continued need for interventions to mitigate the high rates of suicidality and psychological distress among Transgender populations. Mental health outcomes included psychological distress, suicidal thoughts, and a suicide attempt. [Creating a Minority Stress Index to Examine Mental Health Impacts of Discrimination Among Transgender and Gender Nonbinary Adults | LGBT Health (liebertpub.com)](https://www.liebertpub.com/doi/abs/10.1089/lgbt.2021.0088)  Transgender (trans) and non-binary people experience barriers to culturally competent healthcare and many have reported avoiding care. COVID-19 and related mitigation strategies may have exacerbated avoidance, and poor mental health may be bidirectionally related to avoiding care. [Avoidance of primary healthcare among transgender and non-binary people in Canada during the COVID-19 pandemic - ScienceDirect](https://www.sciencedirect.com/science/article/pii/S2211335522000961)  According to the 2018 Stonewall report, LGBT in Britain, non-binary people and trans people are more likely to have felt that life was not worth living, 64 per cent and 60 percent respectively. |
|  | **QUESTIONS** | **ANSWERS AND ACTIONS** |
| **5b** | **Gender:**  Prompt: Female & Male issues should be considered | Trans people historically experience discrimination mainly to poorly informed practice in relation to sex segregation. As part of transitioning, they will have often experienced challenges when trying to assert their rights to use facilities that match their newly acquired gender. Lack of understanding can lead to ill-informed decision making that places the burden of adjustment on the transitioning individual rather than the organisation.  The concept of ‘cisnormativity’ needs to be adjusted in information, images, environment and communication to ensure everyone feels represented, included and considered.  Existing epidemiological data suggest that the use of estrogens in **transgender females** confers an increased risk of myocardial infarction and ischemic stroke.  Conversely, **transgender males** receiving testosterone lack any consistent or convincing evidence of increased risk of cardiovascular or cerebrovascular disease.  [Gender-Affirming Hormone Therapy, Vascular Health and Cardiovascular Disease in Transgender Adults | Hypertension (ahajournals.org)](https://www.ahajournals.org/doi/full/10.1161/HYPERTENSIONAHA.119.13080) |
| **5c** | **Age:**  Prompt: Older people & Young People issues should be considered | Individuals may find themselves the victim of discrimination on multiple levels. **Older people** may experience prejudice relating to their age and this may compound their experience of transphobic discrimination. **Older people** may also find it more difficult to transition due to a proportionately longer period of time not being open about their gender identity and experiencing less engaged societal debate about trans issues.  **Transgender youth patients** reported more severe depression and anxiety symptoms compared with parent informants. Despite moderate agreement on depression symptoms, parents did not accurately detect their child's anxiety symptoms. These discrepancies highlight a need for interventions which increase parental recognition of child mental health status.  [Differences in Patient and Parent Informant Reports of Depression and Anxiety Symptoms in a Clinical Sample of Transgender and Gender Diverse Youth | LGBT Health (liebertpub.com)](https://www.liebertpub.com/doi/abs/10.1089/lgbt.2020.0478) |
| **5d** | **Sexual Orientation:**  Prompt: Heterosexual, Bisexual, Gay,  Lesbian groups are included in this  Category | Trans people are often discriminated against on the grounds of their perceived sexual orientation due mainly to misunderstanding of the relationship between sexual orientation and gender reassignment. The terms can mistakenly be used interchangeably. Trans men and women can experience homophobic abuse that compounds the overall experience of discrimination. |
| **5e** | **Religion & Belief:**  Prompt: Main faith groups and people with no belief or philosophical belief issues should be considered | According to the Equality Network, **around 70% of trans people have no religious beliefs**. Their LGBT Equality Report (2015) suggests trans people from certain faith backgrounds will face particular forms of prejudice from within their faith communities. LGBT rights are often contrasted against religious rights despite LGBT people being represented in all faith groups. The report suggests that trans people with faith beliefs are less able to be open about themselves than people with no faith conviction. |
| **5f** | **Marriage and Civil Partnership**  Prompt: Single, Married, Co-habiting, Widowed, Civil Partnership status are included in this category | Prior to the Marriage (Same Sex Couples) Act 2013, transgender people who had married were required to end their marriage in order to get a GRC, because at that time, same-sex marriages were not legal.  Since the coming into force of the 2013 act, this requirement no longer applies. Existing marriages can continue where one or both parties change their legal gender, provided both parties intend to remain married following the gender recognition. |
| **5g** | **Pregnancy and Maternity**  Prompt: Currently pregnant or have been pregnant in the last 12 months should be considered | A transgender person’s legal status as the father or mother of their children will not change after a GRC has been issued, and neither will their rights and responsibilities towards their children. |
| **5h** | **Gender Re-assignment**  Prompt: Transgender issues should be considered | The purpose of policy is to improve equality of opportunity for transgender patients, their families, friends and carers.  There can be circumstances that may impact a transgender person if a difference in treatment may be lawful. This can include:   * an organisation taking [positive action](https://www.equalityhumanrights.com/en/advice-and-guidance/commonly-used-terms-equal-rights#h8) to encourage or develop transgender people to participate in a role or activity in which they are under-represented or disadvantaged * Circumstances that fall under one of the exceptions to the Equality Act that allow organisations to provide different treatment or services * In very restricted circumstances it is lawful for an organisation to provide a different service or to refuse the service to someone who is undergoing, intends to undergo or has undergone gender reassignment   The standard route to transition requires a transgender person, aged over 18, to demonstrate that they have been diagnosed with gender dysphoria (discomfort with their birth gender), have lived in their acquired gender for at least two years and intend to live in their acquired gender for the rest of their life. The evidence can take the form of official documents such as a passport or driving licence, letters or documents from official, professional or business organisations, or utility bills. A medical report will also be required.  The policy will ensure that due regard for people who are transgender and who use Trust services. It will tackle two forms of discrimination.  **Direct Discrimination:** This happens when someone treats you worse than another person in a similar situation because you are transgender.  **Indirect discrimination** happens when an organisation has a particular policy or way of working that puts transgender people at a disadvantage.  The aim of the policy is to ensure that the trust can eradicate harassment and victimisation by creating the right conditions to support people who use services. Harassment is when someone makes you feel humiliated, offended or degraded because a person is transgender, victimisation can take place when you are targeted because of your identity.  Incidents of hate crime targeted at transgender people extends established theorisations of the significance of ‘difference’ and ‘vulnerability’ in relation to victimisation. It introduces and emphasises the idea of ‘visibility’ as a more useful lens through which to understand the systematic harm caused by hate crime victimisation. [The role of (in)visibility in hate crime targeting transgender people - Ben Colliver, Marisa Silvestri, 2022 (sagepub.com)](https://journals.sagepub.com/doi/10.1177/1748895820930747)  As the policy mentions single sex wards and the implications of this for trans and/or non-binary people, it is important to consider the care and needs of the transgender person as the 2019 Advancing Mental Health Equality resource describes that issues surrounding gendered wards can lead to poor experiences of care for transgender people.  **Socio economic factors and lifestyle** - Although this is not a UK study, in the USA, a study of 27,000 trans people found people who did not identify with their birth gender were 4 times more **likely to live in poverty** than non trans people.  There is some evidence that suggests trans people are more likely to have a harmful relationship with alcohol (62% drinking without limits compared to 40% non trans people). This factor may need to be consider when supporting a person in a service setting.  Transgender people are one of the most marginalised protected characteristic groups in the UK. Trans people are likely to experience abuse at various points throughout their lives. In a study by Scottish Transgender Alliance (2008) 25% of respondents said they had to move from a family home due to family responses - often resulting in homelessness, 46% of respondents explained they had experienced transphobic abuse in relationships and 62% said they had experienced transphobic abuse from strangers in public places.  According to the 2018 Stonewall report, Two in five trans people (40 per cent) said they have experienced difficulty accessing healthcare because they are LGBT. One in six trans people (16 per cent) have been refused care by a healthcare service because of being LGBT. More than one in four trans people (27 per cent) have been outed without their consent by healthcare staff in front of other staff or patients. Three in five trans people (62 per cent) said they have experienced a lack of understanding of specific trans health needs by healthcare staff. |
| **5I** | **Carers**  Prompt: Caring responsibilities paid or unpaid, hours this is done should be considered | Transgender (trans) and non-binary people already experience barriers to culturally competent healthcare and with specific support for transgender carers or carers of people who identify as transgender, information and support is traditionally hard to access or not available. |
| **5j** | **Race**  Prompt: Indigenous population and BME Groups such as Black African and Caribbean, Mixed Heritage, South Asian, Chinese, Irish, new Migrant, Asylum & Refugee, Gypsy & Travelling communities.) | Trans people may face **dual discrimination** on the grounds of their race and their gender reassignment. The intersectional nature of discrimination can compound the impact on the individual and it is important to understand the whole person and not a single aspect of their identity. |

**Action Plan**

EIAs are now reviewed using a grading approach which is in line with our Equality Delivery System (EDS). This rates the quality of the EIA. This means that the team can review the EIA and make recommendations only. The rating and suggested standards are set out below:

* + **Under-developed** – red – **No data**. **No strands** of equality
  + **Developing** – amber – **Some census data plus workforce**. **Two strands** of equality addressed
  + **Achieving** – green – **Some census data plus workforce. Five strands** of equality addressed
  + **Excelling** – purple –**All the data and all the strands** addressed

Potential themes for actions: Geographical location, built environment, timing, costs of the service, make up of your workforce, stereotypes and assumptions, equality monitoring, community relations/cohesion, same sex wards and care, specific issues/barriers.

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| **Who will benefit from this action? (tick all that apply)** | | **Action 1: This is what we are going to do** | **Lead/s** | **By when** | **Update -outcome** | **RAG** |
| **Age** |  | Any Trust wide actions arising from this policy will form part of the Trust Equality and Inclusion annual action plan. | Equality & Involvement team | 2023 |  |  |
| **Disability** |  |
| **Gender reassignment** | x |
| **Marriage and civil partnership** |  |
| **Race** |  |
| **Religion or belief** |  |
| **Sex** |  |
| **Sexual Orientation** |  |
| **Pregnancy maternity** |  |
| **Carers** |  |

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| **Who will benefit from this action? (tick all that apply)** | | **Action 2: This is what we are going to do** | **Lead/s** | **By when** | **Update -outcome** | **RAG** |
| **Age** |  | Managers and services will use the policy to update individual EIAs and mitigate and address any inequalities using individual action plans. | Team managers/ Quality & Governance Leads | Ongoing |  |  |
| **Disability** |  |
| **Gender reassignment** | x |
| **Marriage and civil partnership** |  |
| **Race** |  |
| **Religion or belief** |  |
| **Sex** |  |
| **Sexual Orientation** |  |
| **Pregnancy maternity** |  |
| **Carers** |  |

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| **Who will benefit from this action? (tick all that apply)** | | **Action 3: This is what we are going to do** | **Lead/s** | **By when** | **Update -outcome** | **RAG** |
| **Age** |  | A quick guide for staff on transgender considerations will be developed to accompany the policy. |  |  |  |  |
| **Disability** |  |
| **Gender reassignment** | x |
| **Marriage and civil partnership** |  |
| **Race** |  |
| **Religion or belief** |  |
| **Sex** |  |
| **Sexual Orientation** |  |
| **Pregnancy maternity** |  |
| **Carers** |  |

**Involvement & Insight: New or Previous (please include any evidence of activity undertaken in the box below)**

|  |
| --- |
| A range of Trust groups and individual staff were consulted during the original development and reviews of the Policy as well as community groups including Voluntary Action Calderdale, Yorkshire MESMAC, LGBT forum Calderdale, Equality and Engagement Development Manager, trust Information Governance Manager. Inclusions and amendments made where necessary. |

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| 1. **Methods of Monitoring progress on Actions**   This policy provides guidance for staff and its implementation will be monitored at a service level.  The Trust wide responsibilities for ensuring the Trust create the right conditions for delivering the policy forms part of the Trust Equality, Involvement, Communication and Membership Strategy and action plans. |

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| |  | | --- | | 1. **Publishing the Equality Impact Assessment**   This EIA will be published on the Trust’s website and Intranet. | |

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| |  | | --- | | 1. **Signing off Equality Impact Assessment:**   Service Manager | |

***Once approved, you must forward a copy of this***

***Assessment/Action Plan by email to:***

[**InvolvingPeople@swyt.nhs.uk**](mailto:InvolvingPeople@swyt.nhs.uk)

**Please note that the EIA is a public document and will be published on the web.**

**Failing to complete an EIA could expose the Trust to future legal challenge.**

**Appendix 3 Checklist for the Review and Approval of Procedural Document**

*To be completed and attached to any policy document when submitted to EMT for consideration and approval.*

|  | **Title of document being reviewed:** | **Yes/No/ Unsure** | **Comments** |
| --- | --- | --- | --- |
| **1.** | **Title** |  |  |
|  | Is the title clear and unambiguous? | YES |  |
|  | Is it clear whether the document is a guideline, policy, protocol or standard? | YES |  |
| **2.** | **Rationale** |  |  |
|  | Are reasons for development of the document stated? | YES |  |
| **3.** | **Development Process** |  |  |
|  | Is the method described in brief? | YES |  |
|  | Are people involved in the development identified? | YES |  |
|  | Do you feel a reasonable attempt has been made to ensure relevant expertise has been used? | YES |  |
|  | Is there evidence of consultation with stakeholders and users? | YES |  |
| **4.** | **Content** |  |  |
|  | Is the objective of the document clear? | YES |  |
|  | Is the target population clear and unambiguous? | YES |  |
|  | Are the intended outcomes described? | YES |  |
|  | Are the statements clear and unambiguous? | YES |  |
| **5.** | **Evidence Base** |  |  |
|  | Is the type of evidence to support the document identified explicitly? | YES |  |
|  | Are key references cited? | YES |  |
|  | Are the references cited in full? | YES |  |
|  | Are supporting documents referenced? | YES |  |
| **6.** | **Approval** |  |  |
|  | Does the document identify which committee/group will approve it? | YES |  |
|  | If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document? |  |  |
| **7.** | **Dissemination and Implementation** |  |  |
|  | Is there an outline/plan to identify how this will be done? | YES |  |
|  | Does the plan include the necessary training/support to ensure compliance? | YES |  |
| **8.** | **Document Control** |  |  |
|  | Does the document identify where it will be held? | YES |  |
|  | Have archiving arrangements for superseded documents been addressed? | YES |  |
| **9.** | **Process to Monitor Compliance and Effectiveness** |  |  |
|  | Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document? | YES |  |
|  | Is there a plan to review or audit compliance with the document? | YES |  |
| **10.** | **Review Date** |  |  |
|  | Is the review date identified? | YES |  |
|  | Is the frequency of review identified? If so is it acceptable? | YES |  |
| **11.** | **Overall Responsibility for the Document** |  |  |
|  | Is it clear who will be responsible implementation and review of the document? | YES |  |

**Appendix 4 – Version Control Sheet**

*This sheet should provide a history of previous versions of the policy and changes made*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Status** | **Comment / changes** | |
| 1 | Oct 2016 | George Smith | Final Draft | New policy |
| 2 (draft 1) |  | Dylan Degman | Governor | Edits and additions | |
| 2 (draft 2) |  | Dylan Degman | Governor | Edits and additions – based on feedback | |
| 2 (draft 3) |  | Dawn Pearson | Communication, involvement, equality and inclusion lead | Revison – shared for comments via OMG, EII Sub-committee | |
| 2 (final draft) | July 2022 | Dawn Pearson | Communication, involvement, equality and inclusion lead | Revision – external consultant | |
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