

South London and Maudsley



NHS Foundation Trust

Guidance on Supporting Transgender Young People in Inpatient CAMHS

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1. Acknowledgements

These guidelines are based on the SLAM Adult CAG Policy – Guidance on Supporting Adult Transgender Service Users.

2. Introduction

Transgender 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. Transgender 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 young people 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 transgender young people.

3. Definitions

Young Person: An individual who is referred to, receiving or has received Trust services.

Carers: A carer is someone who provides care and support to a young person

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

Please also see glossary of transgender terms.

4. Purpose and Scope of the guidance

This guidance aims to provide relevant and useful information on key issues relating to the care of transgender young people to help staff provide a person-centred, compassionate, safe and effective service. However, the Trust objective is for all policies to incorporate the needs of transgender service users so should be considered in all CAMHS policies and guidance.

5. Roles and Responsibilities

5.1 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 transgender young persons and highlight this to the trust's Equality Manager.
- Will seek feedback from transgender young people on their experience of care and ensure periodic monitoring of the quality and effectiveness of the care provided to transgender young people.

5.2 All clinical staff:

- Will follow the good practice and guidelines set out within this document when supporting trans young people.

5.3 All staff :

- Will follow the good practice and guidelines set out within this document when supporting transgender young people.

5.4 Trust Equality Manager:

- Will support staff on issues relating to providing person-centred, compassionate, safe and effective care to transgender young people.
- When required, facilitate discussion on transgender 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 transgender young people and respond to them in their preferred gender.
- The law protects a broad range of transgender young people and a person does not have to have undergone a medical procedure to be protected against discrimination.
- There may be some circumstances when it may be lawful to provide a different service or exclude a transgender 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 of achieving the objective was not available.

6.2 The Gender Recognition Act 2004

This law enables trans people who are aged 18 or over to apply for a Gender Recognition Certificate (GRC). This is legal recognition of a person's preferred gender. Not all transgender people apply for a GRD and a GRC is not required for protection against discrimination.

7. Terminology

Staff should always aim to use the name, pronoun or term a transgender young person prefers in written and verbal communication with them. If in doubt, ask the person how they want to be addressed and respond accordingly. Young people also may have preferred words to describe or denote gendered body parts. Staff will need to be mindful of young people's preferences, to which words they would like these body parts to be called. An example may be, a transgender male requesting staff refer to their breast as their 'chest'.

If transition occurs during admission it is necessary to have a discussion with the young person about how their period of transition will be managed. It will need to be

ascertained from the young person how they wish to be addressed/known as in the various aspects of their life. For example, home, education and other services. The reasoning for this is that young people may choose different gender names or pronouns or terms for different situations.

Consent must be gained from the young person before disclosing any gender term changes.

Where possible staff should offer young people time to think about the practicalities of transition, for example, the speed in which transition can take place, responses they may get from others and challenges that might arise. The reasoning for this is that transitioning in an adolescent unit could present challenges in terms of communicating gender term changes across a large staff group.

8. Staff behaviour

All staff should treat transgender young persons 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 transgender young people.

It is unacceptable for members of staff to treat transgender young people less favourably due to personal attitudes toward transgender people.

9. Working with transgender young people's carers and relatives

Some transgender young people may not have informed family members of their desire for transition. It is therefore important that staff ask a young person how they would like the staff to manage this with their family. It may be helpful to refer to the young person as 'them' or by their preferred name as opposed to using pronouns, when speaking with the family.

If the young person's family or carer disagrees with their decision to transition, the young person's preference should be accepted. It is important for staff to explain our position on supporting transgender young people to family and carers whilst remaining sensitive to the way this is explained to the family and their views.

10 Involving trans young people in their care

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

11 Harassment

Transgender young people have equal rights to protection from harassment as any other young person. Staff should address negative behaviour displayed towards transgender young people from other staff or peers.

METRO have developed resources that can be used to help teams ensure the safety of transgender young people (link under useful contacts and information).

12 Confidentiality

The same principles apply to the sharing of a young person's transgender gender issues as to all aspects of young people's confidentiality as stated in the MHA Code of Practice for young people:

Children and young people have a right to confidentiality. Where children are competent, and young people have the capacity, to make decisions about the use and disclosure of information they have provided in confidence, their views should be respected. However, as with adults, in certain circumstances confidential information may be disclosed without the child or young person's consent; for example if there is reasonable cause to believe that the child or young person is suffering, or is at risk of suffering, significant harm. Practitioners should be familiar with the Department of Health's *Information Sharing: guidance for practitioners and managers* 2008, which includes guidance on assessing a child or young person's ability to make decisions about sharing information

When considering issues of confidentiality the following should be considered:

- the best interests of the child or young person must always be a significant consideration
- everyone who works with children has a responsibility for keeping them safe and to take prompt action if welfare needs or safeguarding concerns are identified
- all practitioners and agencies are expected to contribute to whatever actions are needed to safeguard and promote a child or young person's welfare
- the developmental process from childhood to adulthood, particularly during adolescence, involves significant changes in a wide range of areas, such as physical, emotional and cognitive development – these factors need to be taken into account, in addition to the child and young person's personal circumstances, when assessing whether a child or young person has a mental disorder
- children and young people should always be kept as fully informed as possible and should receive clear and detailed information concerning their care and treatment, explained in a way they can understand and in a format that is appropriate to their age
- the child or young person's views, wishes and feelings should always be sought, their views taken seriously and professionals should work with them collaboratively in deciding on how to support that child or young person's needs
- any intervention in the life of a child or young person that is considered necessary by reason of their mental disorder should be the least restrictive option and the least likely to expose them to the risk of any stigmatisation, consistent with effective care and treatment, and it should also result in the least possible separation from family, carers, friends and community or interruption of their education.

- children and young people have as much right to expect their dignity to be respected as anyone else.
- children and young people have as much right to privacy and confidentiality as anyone else.

13. Clinical records on ePJS

SLaM staff and services need to respect and respond to young people's preferred gender. However Slam records need to accurately record the young person's legal name and gender as this will need to be used to refer a young person to other services including Children's Social Care as required, staff need to be transparent with young person that their legal name is on records and the rationale.

- **When a transgender young person enters our services for the first time:** an ePJS record should be created using their legal name and gender but with their preferred name and gender pronoun in brackets as 'likes to be known as'. Staff must use their preferred name, or ask "what name shall I use for you?"
- **When an existing young person discloses they are transgender or intend to transition:** ePJS records should be updated to include their preferred name and gender pronoun in brackets as 'likes to be known as'.

14. Supporting trans young people in inpatient services

14.1 Risk assessment

Risk assessments for transgender young people need to consider whether their transgender status impacts on theirs or others vulnerability and risk within the ward setting. Measures need to be put in place to reduce this vulnerability.

Discussion should include where the young person's bedroom is located especially in wards where there are designated male and female corridors and bathrooms. Consideration needs to be given to both their preferred gender area and how appropriate this is for other young people. The MDT should consider how this is managed within the ward i.e. additional observation level at night time, increased supervision of the corridor and bathroom area.

If accommodating a young person's preferred gender within the ward environment poses significant safeguarding issue which cannot be managed with other interventions then consideration should be given to moving the young person to another unit without gender demarcation. This should only be considered when all other options have been explored and ruled out. The young person and family /carers should be included in this decision as much as possible.

A transgender young person should not be moved from a ward appropriate to their preferred gender due to potential prejudice of other young people.

14.2 Changes in gender presentation

Staff should be mindful that some transgender young people's presentation may change due to circumstances and how someone identifies themselves. For example, an

individual may identify as a trans male, 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 young people) it is not overly revealing or sexualised.

14.3 Young people who have difficulties accepting transgender young people

This may put the young person at risk, so enhanced observation may be considered either for transgender young person or unaccepting young person, to be based on risk assessment. When considering risk, staff will need to be mindful that a transgender young person is not treated unfairly, if placed on enhanced observations. It may be prudent to begin to pro-actively run activities on the ward to discuss transgender issues or issues relating to difference generally to help improve awareness and attitudes of young people towards transgender 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 transgender young person being admitted to discuss options of what activities could be undertaken with peers to help.

14.4 Physical Healthcare

Hormone blockers and cross sex hormones

Following specialist assessment, hormone blockers (gonadotrophin hormone releasing analogue, GnRHa) may be prescribed to stop the release of oestrogen and testosterone, and thus prevent the further development of secondary sexual characteristics (puberty). These include the cessation of facial hair growth and the prevention of the voice dropping in those assigned male at birth, and the prevention of breast growth and menses (periods) in those assigned female at birth. This treatment is reversible, and if stopped, pubertal development will continue.

It is possible that a patient may be prescribed cross sex hormones. For those assigned male at birth and identifying as female, this will be estradiol (an oestrogen) gel, patch or tablet. Adverse effects include irritation for topical preparations and the risk of deep vein thrombosis. For patients assigned female at birth and identifying as male, this will be testosterone gel or injection. Adverse effects include irritation, depression and weight gain. Please refer to current editions of the BNF and BNFC for all reported adverse effects.

14.5 Searching

Please refer to the Inpatients CAMHS Search policy for guidance.

14.6 Observation

The clinical team, in discussion with the young person, 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 young people is not normally a gender-specific function. But observation of transgender young people that may include intimate observation should be discussed with the young person and clinical team. Consideration needs to be given to the young person's wishes but also to ensure that staff are protected and not placed in a position that might increase the risk of allegations against them. If a transgender

young person requires arm's length or eye sight observation a specific care plan needs to be developed outlining when the preferred gender can be accommodate by the nursing team and when this is not possible. There maybe times especially when the young person is undressing or washing that two members of staff are present of different genders. This will need to be negotiated with the young person as to what feels most comfortable for the young person and is the safest for staff.

14.7 Supporting transgender young people in the community.

In terms of Young People accessing toilets when not on the unit, e.g. community access, hospital visits, school reintegration, this is planned individually with the Young Person. Before going out, staff will meet with Young People and ask what their preference is, whether to use male or female toilets in public. Staff may also suggest the option of using a wheelchair accessible toilet as these are often gender neutral; although some may require a radar key. There will also be discussions about how a Young Person will manage this and to consider risk if this is relevant. Before going on home leave, Young People are supported in thinking about which toilets they will use; and how family, carers, friends may respond'

15 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 issues can be found on the intranet at:

<http://www.metrocentreonline.org/>

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

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

<http://genderedintelligence.co.uk/>

<http://oiiuk.org/>

16 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: Intersex describes a range of conditions in which a person is born with a reproductive or sexual anatomy that doesn't fit the binary definitions male or female, for example, ambiguous genitalia. Not all intersex people identify with trans and not all trans people are intersex.

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 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. MTF (male to female) and FTM (female to male) are alternatives to these definitions

Transition: The social, emotional and medical processes that a trans person can go through to move from their assigned sex at birth to their preferred, true gender identity. This is not a linear process and may not have an end point, nor a set timeline. Not all trans people undergo medical transition and no one journey is the same.

Transphobia: the fear and hatred of people who are trans or transgender and of people who do not conform to traditional gender norms.

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. However, this is an outdated and heavily medicalised term, and some may find offensive, so avoid using this word. The more acceptable term is 'transgender'

Transvestite: this is an offensive, out-dated term that carries a lot of stigma and should not be used or considered as an appropriate term. The acceptable term used is cross-dresser.

Non-binary and Genderqueer: Non-binary refers to any gender that is not exclusively male or female. A similar term is genderqueer.