

Leadership in Trans Equality



Proud to be a Stonewall
Star Performer

Foreword

Notts – “Leadership in trans equality”

Stonewall is here to let all lesbian, gay, bi and trans people know they’re not alone. Our work with employers and service providers is integral to this mission.

Organisations working in communities across the UK can have an enormous impact on the well-being of their LGBT employees and service users. They can also play an important role in raising awareness of LGBT issues within the communities they serve.

Nottinghamshire Healthcare NHS Foundation Trust has been a partner to Stonewall for many years and has a well-established commitment to LGBT equality. The Trust has been consistently recognised in our annual ranking of employers, the Stonewall Top 100. Following three years in the Top 10 of this highly competitive list, we recognised Nottinghamshire Healthcare as a Stonewall Star Performer. This exclusive accolade celebrates the very best employers for LGBT people.

Each year, we challenge our Star Performers to find new and innovative ways to advance LGBT equality. This year, we asked each of them to share what they have learned, in the form of a best-practice guide on a topic where they have shown significant progress.

Nottinghamshire Healthcare, as a major provider of mental health, intellectual disability and community healthcare services for the people of Nottinghamshire, recognises the opportunity it has to advance equality and inclusion across the region. This is a valuable example of an organisation that has found creative ways to engage with staff and work in partnership to make a difference. We welcome this guide and hope that it inspires employers and service providers to do more to champion trans equality across the UK.

We invite you to join with us, and with Nottinghamshire Healthcare, in working towards acceptance without exception for LGBT people everywhere.



Ruth Hunt
Chief Executive, Stonewall

Introduction

by the Chair and Chief Executive

We are delighted to share with you our journey of championing trans equality within Nottinghamshire Healthcare.

It has not always been an easy path, and has at times been challenging, however we believe that it has reaped dividends, both for our staff and the people who use our services. It has also enabled us to show leadership in trans equality across the NHS and beyond.

The decision of the Trust Board to focus on this often discriminated against and overlooked community was an easy one for us: our commitment as a service provider is to make real and meaningful change by improving the quality of services we provide to meet the needs of all of the diverse communities that we serve. Trans communities are very much part of this and have the same rights to services which meet their needs, as all of our citizens do. One of the Trust's strategic objectives is to have a diverse workforce that reflects the diverse communities we serve.

In 2015 we were recognised as Top Employer in the Stonewall Workplace Equality Index and in 2016 graduated to the status of Star Performers. This provided us with external assurance that the work we have been doing in relation to equality, diversity and inclusion is making a difference to the lives of our staff and the people who use our services; something that we are particularly proud of. We know however that there is much still to be done.

Working alongside the trans community and key partners such as the Royal College of Nursing, Stonewall, and Nottinghamshire Police we aim to progress further on our journey; helping challenge myths and stereotypes, fostering understanding and acceptance and creating a society where people are able to be their true selves if they choose to do so. We firmly believe that through partnerships we can improve lives and the quality of care.



Dean Fathers

Dean Fathers
Chair



R. Hawkins.

Ruth Hawkins
Chief Executive

Overview

Our Journey

2009 was a year of both insight and action in terms of equality for Nottinghamshire Healthcare.

The Trust had submitted to the Stonewall Workplace Equality Index for the first time, achieving 169th place, had appointed a Head of Equality and Diversity at a senior level, and was focusing on the NHS' Delivering Race Equality agenda and the Disability Standard.

The second quarter of 2009 however saw a flurry of activity in relation to trans equality, spearheaded by the Department of Health's (DoH) launch of 'Trans: A Practical Guide for the NHS'. A report went to the Trust Board where it was agreed that immediate action should be taken to address the inequalities experienced by trans people. The journey began with the Trust's Head of Equality and Diversity, a trans community activist and a consultant psychiatrist from our Gender Clinic visiting a local trans youth group to talk to and listen to the young people and watch the Canadian film 'She's a Boy I knew'. The understanding we gained from this visit helped us to begin to identify what our priorities should be. Two months later our 'first' transitioning member of staff approached Human Resources. They requested some advice to share with their manager on how to best communicate their transition with the wider team. The individual had transitioned and was due back at work the next day!

In addition to providing a link to the DoH guidance, the advice was as follows:

"You should not disclose the detail of the transition, keep the announcement as generic as possible and agree the communication content with the individual concerned. Best practice to have senior manager support and consider preparing a press release in case of any media interest".

In general this was good, but limited advice and needed developing. The precautions regarding media interest were a clear reflection of the sensitivities at the time; the fear of falling foul of the Gender Recognition Act (2004) and any media hype that could follow should such information reach the public domain. This was a very real concern.

It all seems rather silly now, however it should not be underestimated how trans equality has moved on over the last decade both within employment and in people's mind sets. Understanding and visibility of trans people has significantly increased. This is due to the many strong, proud and brave individuals who have raised their voices and fought to be treated as their true self, which is not necessarily the biological sex that they were assigned at birth. Praise also is due to their many supporters who recognise and champion the value of human life.

Who are we?

Nottinghamshire Healthcare NHS Foundation Trust is a service provider. It provides services which are commissioned by the local and regional Clinical Commissioning Groups, popularly known as CCGs. Nottinghamshire Healthcare is one of the country's leading integrated health service providers; providing healthcare which includes mental health, intellectual disability and community health services.

The Trust serves a diverse community, with a wide geographic spread across Nottinghamshire, Leicestershire, South Yorkshire and in some cases nationally. Consequently there are variations in the populations and communities the Trust serves. The Trust provides services from more than 100 sites, with more than 9,000 staff and a revenue income of £444 million for the 2016/17 year.

Our Vision is: Through partnerships, improve lives and the quality of care.



Ensuring Inclusivity for Trans Staff and Service Users: Meeting Needs, Changing Lives

By 2009 Trust policy makers and managers were already adept at using Equality Impact Assessments to identify gaps in employment practice and service delivery. There was however little understanding of gender identity beyond the binary forms of male and female; 'trans' was only understood at the most basic level and terms like 'gender neutral', despite being obvious in its literal meaning, caused a considerable amount of confusion.

Our next step was to develop a Trans Employment Policy, to provide managers with the tools and guidance to best support their staff. This was launched in early 2010, however not without a few questions from well-meaning staff that weren't quite sure why we needed such a policy, suggesting that as discrimination affects all under-represented groups why would we single one group out? The response was clear: this policy was to address unmet need. Trans staff face unique challenges. We needed to provide comprehensive guidance to managers to inform them and enable them to support and manage all staff in their diverse teams, including trans employees. The policy contained information on:

- the particular responsibilities of managers under the Equality Act (2010) and the Gender Recognition Act (2004)
- how to best support staff who have transitioned, are going through, or are thinking about transitioning
- how to effectively manage other members of the team particularly around the confidentiality duty, issues such as facility use etc.
- the distinct legal responsibilities in relation to trans people, which do not necessarily apply to other protected groups;
- and a reminder that being trans is nothing to do with one's sexual orientation; trans people can be any sexual orientation including gay, bi or straight. It is about gender identity not sexual orientation.

This policy took longer than the sum of its counterparts to produce but was a worthwhile process. We wanted to get it absolutely right, not simply because of the legal implications but to ensure that both our staff and managers were fully engaged and supported. In addition to consulting with existing staff and local trans community activists we engaged some national experts in developing the document e.g. Dr Christine Burns MBE and Jay McNeil (TransBareAll), particularly as there was nothing available at the time to learn from.

The policy was launched in August 2010 and in September 2010 we took the next step and delivered our first 'Trans Awareness' training session, in partnership with the Royal College of Nursing.



Trans Awareness Training



This session was originally aimed solely at clinical staff. However it was soon realised that it applied just as much to administrative and corporate staff. Trans people are part of all of our communities, not just in our services, and it is important that all staff understand the needs of their trans colleagues and service users.

The learning outcomes of the Trans Awareness Training course:

By the end of the session participants will

- Have an understanding and awareness of the language used to describe 'Trans' (transsexual, transgender and transvestite) people
- Be able to challenge common myths, misunderstandings, stereotypes and inappropriate comments regarding gender identity and sexual orientation and look at the impact these can have
- Understand the differences between gender identity and sexual orientation
- Identify ways in which staff/services can create an inclusive clinical environment
- Understand how the legislation on gender identity impacts on the Trust
- Access websites, support networks and other resources for the benefit of themselves, other staff or service users.

"Nursing is, by definition, a profession that cares about people, so as the voice of nursing, the RCN has embraced the opportunity to work with Nottinghamshire Healthcare to realise greater understanding of and responsiveness to the needs of trans people. It has inspired the creation of a bigger network of employers and service providers locally who are committed to ensuring their agenda is fully inclusive of trans issues. Since 2009, the RCN in the East Midlands has worked with hundreds of frontline staff in health care and other settings to share our passion for respectful, collaborative working with trans people. Seeing the profoundly positive impact this has had on organisations, teams and individuals is an immense privilege."

Guy Thomas, Regional Officer, RCN

A ward manager who attended a training session in June 2014 kindly shared with us an email that she sent to her team, following discussion at the team meeting earlier that day. She writes:

I attended the Trans awareness training this week and just want to reiterate the main learning points:

- If handing over a patient who may not have been born female – **THIS SHOULD NOT BE DISCLOSED**. Under the Data Protection Act we are not to disclose gender history **UNLESS** it has a direct impact on their care (fully document this). Ask yourself, Do I NEED to disclose this? Obviously with patient permission this is OK, but it is advisable to get the permission in writing.
- Gender is self-identifiable – a **gender transition is complete when the individual feels it is complete**. Some people live as a different gender taking hormone tablets, some without, some have surgery, some don't.
- You cannot say "they are not female because they have not completed transition... they stopped their hormone tablets... they have not had surgery". An individual only has to **propose** to change gender to be deemed as requiring to be respected as that gender if they wish to. This means for example, if they are requesting to be nursed on a female ward, you should be very careful if deciding to refuse and should ensure you have good evidence to believe their request is related to their current mental state. If in doubt, ask! Just bear in mind you would be in more trouble for denying someone's rights!
- Another good example (food for thought) – if a female (who was once male and has a past history of sexual assaults on women) needed admission to a female ward then she should be treated as any other patient and a thorough risk assessment be carried out.
- If in doubt contact Catherine Conchar – Associate Director of Equality and Diversity.



On 14 April 2011 Guy Thomas from the Royal College of Nursing (Regional Officer-Nottinghamshire), Janet Sheard, Director of Nursing at the Trust and Catherine Conchar, Associate Director of Equality and Diversity at the Trust presented at a fringe session of the RCN 2011 Congress on our work on trans equality. Acknowledging that trans awareness is a new and developing area of clinical practice across all services we offered our training package to all healthcare organisations free of charge, to enable them to develop and tailor to their own respective needs. All we asked is that those who used it credited the Trust and the Royal College of Nursing in the work. Requests to use the package came from far and wide, Ireland, New Zealand and America to name but a few. Unfortunately no all-expenses paid trips to deliver the training were offered, unless Lincolnshire counts!

The training package is available free for you to use. You can find it here:
<http://www.nottinghamshirehealthcare.nhs.uk/equality-resources-and-guides>

Since then we have delivered over 25 sessions (c.500 staff), one of which was hosted in one of our hospitals, ably supported by a member of staff from that unit who was transitioning at the time. We have also delivered sessions in a number of prisons, where our staff provide physical and/or mental healthcare, to both healthcare and prison staff. In fact, the last training session in June 2016 at HMP Nottingham was fully inclusive and in addition to attendees from both staff groups included 5 prisoners who were equality reps.

One of the highlights of the course is to see so many of our school nurses participating and engaging with the agenda. Our hope is that with informed and dedicated staff such as these, young trans people will progress and develop in a supportive environment and reach their full potential.

Trans Awareness Training



It did come as a bit of a surprise to us that this training session was so popular. We initially thought it may be the result of some sort of innate curiosity, but soon realised it was because we have a workforce which genuinely cares about its people. Some of the comments from the course evaluations are as follows:

The different terms used for trans people and the explanation of these terms was very informative. Also realising how important it is to ask how a person would prefer to be addressed as opposed to just assuming based on previous experience.

I found the session very helpful and interesting and now have a much better understanding of gender identity. I found the section on challenging preconceptions particularly useful.

I thought the training was useful and thought provoking. I learned a lot from the case studies and the ethical dilemma discussions

It was really useful - everyone should do this session.

The whole session was highly informative – I can clearly see how this information will help me in my job role.

Trans is something I know so little about so this course was both interesting and useful – also very helpful to hear the views of people with personal experience.

Make this training mandatory.

This session has enabled us to use and challenge the information in our own workplace.

I was given permission to continue with the positive aspects of my current practice.

Tips for Trans Training:

- Provide an environment, where staff feel safe to get it wrong within the learning space without fear of judgment or recriminations;
- Be authentic - training if not led by should be delivered in partnership with someone from the trans community;
- Be cautious about tokenism - just because someone is trans doesn't mean that they are willing and/or able to deliver trans training;
- Allow people to share their own stories. It may surprise you how many of your staff have friends, family and clients who are trans or considering transitioning;

- Have a strong and detailed policy on which to base the training;
- Use different mediums for delivery e.g. video clips, images, games, case studies to promote learning and ensure engagement. Training should have an element of fun, despite the serious intent;
- Know your audience- delivering training to mixed audiences whether they be staff from different professions or organisations needs to demonstrate what trans equality means to each of them in their role;
- Keep the session updated in light of new or changing legislation and include input from your local gender clinic on the Trans Care Pathway;
- Avoid/explain acronyms and check people's understanding as you go along;
- Allow plenty of time for questions throughout the session- it's really easy to forget how difficult learning new and unfamiliar terminology/concepts can be.

I found everything helpful - coming into this session only knowing minimal information regarding these issues, felt very confident in discussing the areas spoken about with clarity.

I liked how the trainers gave us reassurance that we already knew how to do things- treating all people with dignity and respect is key to our roles.

I enjoyed the interactive environment and open discussion. I felt there was no such thing as a stupid question and we could ask things.

It gave an open space to discuss the subject and challenge stereotypes.

Trainers made content interesting and entertaining.

It was good to learn about the care pathway my young people will go through.

Exercises linked theory and practice well.

The next stage



In 2016 we launched a much consulted upon Trans Patient Policy. Partnership working was essential to the creation of this new policy.

Developed in partnership with the Trust's Gender Clinic (The Nottingham Centre for Transgender Health) and the Royal College of Nursing, this policy provides advice and guidance to staff on how to best support patients at possibly some of the most difficult and challenging times in their lives. We conducted extensive consultation and embedded within this policy is the Trust's response to hearing the voices of the trans community, our staff and our commissioners. It cannot be overemphasised how much the organisational learning generated by the trans awareness training was integral to creating a policy which was sensitive, supportive, practical and above all accessible.

Our own LGBT staff have played an essential role. None of this would have been possible without the enthusiasm and commitment of members of the Trust's LGBT Forum and the Gender Equality Steering Group (GESG), who championed this agenda, sometimes independently and at other times in partnership. Seminars on topics such as fostering and adoption for LGBT people, legal and financial tips for LGBT people, LGBT mental health, and effective healthcare for Trans and Non-binary people were held and open to all staff and involvement volunteers. Interestingly a few of the people who attended as they had 'a family member, a patient or a colleague' who was L, G B and/or T joined the Forum soon after!

In February 2016 the LGBT Forum and the GESG came together and with partners from Nottinghamshire County Council, Nottinghamshire Police, Nottingham City Council and Nottingham City Homes to host a conference attended by over 120 people titled 'Who Are we? Exploring and Celebrating Trans Identities'. In addition to building and strengthening partnerships, new ideas were generated and shared goals set and we now have an active network group to which we all contribute.

As a result of the conference, a number of activities are now underway. This includes the sharing of good practice and resources amongst participants, developing a new LGBT+ role model guide and setting up a process for LGBT peer mentoring across the organisations in attendance. We are also planning for future conferences.

So Why Do it?

The NHS Constitution:

The National Health Service is a huge and complex organisation, therefore it is not surprising that members of the public are often unaware of the differing departments and their specific roles. The NHS constitution, however unifies all NHS bodies and is absolutely clear in its intent. It states:

The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or partnership status. The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

NHS services must reflect and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers.

The business case for trans inclusion

Much has been written about the business case for diversity and inclusion. So why does LGBT inclusion matter?

According to “Open for Business” (2015)¹, LGBT diversity and inclusion in the workplace impacts two key areas of productivity – organisational and individual performance.

Organisational performance

LGBT inclusion leads to improved talent attraction and retention, innovation, collaboration and brand strength.

- Talent attraction and retention: by demonstrating you are an LGBT inclusive organisation, you will gain a greater diversity of applicants and talent.
- Innovation and collaboration: bringing together staff with different backgrounds helps facilitate innovation and collaboration; employees will have varying perspectives on problems and solutions.
- Brand strength: showing commitment to LGBT inclusion in the wider community will increase your brand strength

Individual performance

LGBT inclusion develops staff by enabling them to bring their authentic self to work and leads to higher levels of motivation and satisfaction.

- Greater job commitment: staff will be more committed to their job and employer if the organisation values the unique input they bring.
- Higher levels of satisfaction and motivation: creating an LGBT inclusive working environment increases staff satisfaction and motivation levels as employees will feel supported.
- Improved workplace relationships: LGBT inclusion will improve relationships between employees by increasing understanding and awareness.

A 2013 study (The Williams Institute) found that employers’ LGBT-supportive policies and workplace climates led to positive business outcomes.

Distinct motivations in a health setting

Research from Stonewall (2016) and The Scottish Transgender Alliance (2012) shows² trans staff and patients have distinct needs and face distinct challenges, but staff are often poorly equipped to meet these needs:

- One in four (25%) of all health and social care staff say their employer has never provided them with any equality and diversity training.
- A quarter are not confident in their ability to respond to the specific care needs of trans patients and service users.

Attitudes towards LGBT patients and colleagues are often negative or discriminatory

- One in fourteen health and social care staff said they would “not feel comfortable” working alongside a trans colleague
- One in ten health and social care staff have witnessed staff within their workplace expressing the belief that someone can be ‘cured’ of being lesbian, gay or bisexual. This figure is more than one in five in London (22%)

That has an impact on the quality of services that are delivered:

- Within mental health services, 29% of trans respondents felt that their gender identity was not validated as genuine, instead being perceived as a symptom of mental ill-health.
- 62% of people that had used gender identity clinic services experienced one or more negative interactions, 63% in general mental health services, and 65% in general health services.
- For nearly 30% of respondents, a healthcare professional had refused to discuss a trans-related health concern.

¹ Open for Business (2015) The Economic and Business Case for Global LGB&T Inclusion

² Stonewall (2016), Unhealthy Attitudes. The Scottish Transgender Alliance (2012), *Trans Mental Health Study*

Policy in Practice

Trans awareness is embedded within the Trust's values, alongside all the diversity strands. Trans-inclusive equality and diversity training is mandatory within the Trust, with over 94% of staff in date.

All new starters to the organisation receive this training on their very first day as part of their induction programme; a programme where the vision and values of the organisation are reinforced and expectations made abundantly clear:

- We welcome and value diversity
- All people should be treated fairly and with dignity and respect
- There will be consequences for anyone who demonstrates behaviours which lie outside the Trust's values
- Services should be patient-centred and engineered where possible to meet individual needs.

The Onward Journey:

As always there is still lots to do. As part of our commitment to championing a culture of equality and diversity for all, we will:

- Commit to continuous learning and improvement, recognising that there is always more we can do
- Continue to deliver training for and share good practice within the prisons where we provide services;
- Continue to focus on diversity within diversity i.e. people are much more than their gender identity; they are people of different colours, ethnicities and nationalities, people with varying levels of ability, sexual orientations, ages etc.
- Further strengthen links with the various trans community organisations in the county and beyond
- Increase the visibility of trans role models within the organisation and beyond
- Work with Child and Adolescent Mental Health Services (CAMHS) and our school nurses to support the needs of young people who are transitioning/considering transitioning
- Continue to work with partners to help make trans equality a reality for all.



Top 10 tips for getting started with trans inclusion

1 Secure top level buy-in

Engaging your board, senior managers and trade unions will give authority to your work and enable you to make changes right across the organisation. Identifying supportive senior 'champions' can help to overcome barriers and maintain the pace of change.

2 Link your work to your organisation's mission and values

Clearly articulating why trans equality, diversity and inclusion are essential to achieving your overall aims enable you to embed it in everything you do. Making sure the language you use reflects your mission and values can help staff to engage with new ideas and understand their importance.

3 Practice zero tolerance to bullying and harassment

Making sure all staff, including trans staff, know that bullying won't be tolerated is an essential foundation to give staff the confidence to get involved. Policies should make clear what transphobic bullying might look like and offer a range of different routes to report it.

4 Work in partnership from the outset

Getting it right depends on real and meaningful engagement and partnership working from the outset. The trans community, your staff, unions, service users, patients and carers are your biggest assets. Working in partnership with other organisations enables the sharing of resources, generation and cross-fertilisation of ideas, consistency of approach across the agencies and the sharing of expertise.

5 Make multiple identities a starting point, not an afterthought

Remember that the trans community contains diversity within diversity; people are more than their gender identity - they are people of colour or none, have varying abilities, are lesbian, gay, bisexual and heterosexual, people of faith/belief or non-belief etc. Ensure this is reflected in any consultation, training or policy development you undertake.

6 Make training mandatory

Making trans inclusive equality and diversity training mandatory for all staff ensures that culture change happens right across the organisation. However, one size doesn't fit all. In training delivery, know your audience and tailor content to meet their needs and responsibilities, make learning fun and enjoyable, while suitably challenging.

7 Embed diversity and inclusion practice in performance management

Work with managers and staff to raise awareness of LGB and T issues, the impact of discrimination and disadvantage and the benefits of a motivated workforce. Formally include diversity and inclusion objectives in performance management processes, and monitor progress in appraisals.

8 Get creative in your communication

Create a welcoming and friendly environment for all people by getting creative in your communications. Posters, flyers, banners and social media as well as more traditional engagement in meetings for example, can all help to make sure everyone who engages with your organisation understands your commitment to LGB & T equality and inclusion.

9 Be open and transparent when making decisions

Display genuine openness and transparency of practice and decision making. Where possible, engage under-represented groups in challenging systems and policy development.

10 Be authentic

Being honest about your intentions, what you are good at and where you still need to improve helps to make sure your work comes across as authentic. Establishing long term community partnerships and regular staff engagement opportunities stops initiatives seeming tokenistic, and shows you are committed to continuous improvement.

Glossary of Terms

Ally – a (typically) straight and/or cis person who supports members of the LGBT community.

Asexual (or ace) - someone who does not experience sexual attraction

Bisexual or Bi – refers to a person who has an emotional and/or sexual orientation towards more than one gender.

Biphobia – the fear or dislike of someone who identifies as bi.

Cisgender or Cis – someone whose gender identity is the same as the sex they were assigned at birth. Non-trans is also used by some people.

Coming out – when a person first tells someone/others about their identity as lesbian, gay, bi or trans.

Deadnaming – is calling someone by their birth name after they have changed their name. This term is often associated with trans people who have changed their name as part of their transition.

Gay – refers to a man who has an emotional, romantic and/or sexual orientation towards men. Also a generic term for lesbian and gay sexuality - some women define themselves as gay rather than lesbian.

Gender dysphoria – used to describe when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity. This is also the clinical diagnosis for someone who doesn't feel comfortable with the gender they were assigned at birth.

Gender identity – a person's internal sense of their own gender, whether male, female or something else (see non-binary below).

Gender reassignment – another way of describing a person's transition. To undergo gender reassignment usually means to undergo some sort of medical intervention, but it can also mean changing names, pronouns, dressing differently and living in their self-identified gender. Gender reassignment is a characteristic that is protected by the Equality Act 2010.

Gender Recognition Certificate (GRC) – this enables trans people to be legally recognised in their self-identified gender and to be issued with a new birth certificate. Not all trans people will apply for a GRC and you have to be over 18 to apply. You do not need a GRC to change your gender at work or

to legally change your gender on other documents such as your passport.

Gender stereotypes – the ways that we expect people to behave in society according to their gender, or what is commonly accepted as 'normal' for someone of that gender.

Gender variant – someone who does not conform to the gender roles and behaviours assigned to them at birth. This is often used in relation to children or young people.

Heterosexual / Straight – refers to a person who has an emotional, romantic and/or sexual orientation towards people of the opposite gender.

Homosexual – this might be considered a more medical term used to describe someone who has an emotional romantic and/or sexual orientation towards someone of the same gender. The term 'gay' is now more generally used.

Homophobia – the fear or dislike of someone who identifies as lesbian or gay.

Intersex – a term used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female. Intersex people can identify as male, female or non-binary.

Lesbian – refers to a woman who has an emotional, romantic and/or sexual orientation towards women.

LGBT – the acronym for lesbian, gay, bi and trans.

Non-binary – an umbrella term for a person who does not identify as male or female.

Outed – when a lesbian, gay, bi or trans person's sexual orientation or gender identity is disclosed to someone else without their consent.

Pansexual – refers to a person who is not limited in sexual choice with regard to biological sex, gender or gender identity.

Pronoun – words we use to refer to people's gender in conversation - for example, 'he' or 'she'. Some people may prefer others to refer to them in gender neutral language and use pronouns such as they / their and ze / zir.

Queer – in the past a derogatory term for LGBT individuals. The term has now been reclaimed by

LGBT young people in particular who don't identify with traditional categories around gender identity and sexual orientation but is still viewed to be derogatory by some.

Questioning – the process of exploring your own sexual orientation and/or gender identity.

Sex – assigned to a person on the basis of primary sex characteristics (genitalia) and reproductive functions. Sometimes the terms 'sex' and 'gender' are interchanged to mean 'male' or 'female'.

Sexual orientation – a person's emotional, romantic and/or sexual attraction to another person.

Trans – 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, cross dresser, non-binary, genderqueer (GQ).

Transgender man – a term used to describe someone who is assigned female at birth but identifies and lives as a man. This may be shortened to trans man, or FTM, an abbreviation for female-to-male.

Transgender woman – a term used to describe someone who is assigned male at birth but identifies and lives as a woman. This may be shortened to trans woman, or MTF, an abbreviation for male-to-female.

Transitioning – the steps a trans person may take to live in the gender with which they identify. Each person's transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this. Transitioning also might involve things such as telling friends and family, dressing differently and changing official documents.

Transphobia – the fear or dislike of someone who identifies as trans.

Transsexual – this was used in the past as a more medical term (similarly to homosexual) to refer to someone who transitioned to live in the 'opposite' gender to the one assigned at birth. This term is still used by some although many people prefer the term trans or transgender.

Links to Other Resources

General Resources:

Stonewall Home Page:
www.stonewall.org.uk

Stonewall Workplace Resources:
www.stonewall.org.uk/our-work/workplace-resources

Gires:
www.gires.org.uk/

Press for Change:
www.pfc.org.uk/

Gender Trust:
www.gendertrust.org.uk/

Gendys Network:
www.gender.org.uk/

TransBareAll:
www.transbareall.co.uk/

Department of Health- 'Trans':
[Trust Intranet- Gender Equality Page](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/HealthcareandSocialCare/EqualityandDiversity/GenderEquality/Pages/Trans.aspx)

House of Commons Transgender Equality Report (14/01/16):
<http://www.publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/390/390.pdf>

Nottinghamshire Healthcare NHS Foundation Trust trans awareness training:
<http://nottinghamshirehealthcare.nhs.uk/equality-resources-and-guides>

Youth Resources

Trans Active:
www.transactiveonline.org/index.php

Gendered Intelligence:
www.genderedintelligence.co.uk/

Mermaids:
www.mermaidsuk.org.uk/

School's Out:
www.schools-out.org.uk/



This document is also available in other languages and formats upon request.

Su richiesta, questo documento è disponibile in altre lingue e in altri formati.

Sur demande, ce document peut être fourni en d'autres langues et formats.

Na życzaniu, dokument ten można uzyskać w innych językach i formatach.

यह दस्तावेज़ अनुरोध किए जाने पर अन्य भाषाओं और प्रारूपों में उपलब्ध है।

ਇਹ ਦਸਤਾਵੇਜ਼ ਬੇਨਤੀ ਕੀਤੇ ਜਾਣ ਤੇ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਅਤੇ ਰੂਪਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

در صورت در خواست این سند به زبانها و شکل‌های مختلف در اختیار شما قرار می‌گیرد.

یہ دستاویز دیگر زبانوں اور مطلوبہ شکلوں (فارمیٹ) میں بھی دستیاب ہے

هذه الوثيقة متاحة بلغات أخرى وبشكال غير الكتابة المقرؤة وذلك عند الطلب