

National Ambulance LGBT Network



Understanding Trans Service Users

Kathleen Henwood and Alistair Gunn

Understanding Trans Service Users: Ambulance Service Perspective

Written by
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Additional contributions from
Alistair Gunn

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**National Ambulance
LGBT Network**

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Introduction by Network Chair

The origins of this project lies in the hands of a Paramedic who clearly spotted that trans people do not get a good deal when it comes to accessing health services. This is something that has repeatedly been reported by a number of research projects and most recently by Stonewall in the 'LGBT in Britain: Health' report. Despite this it is a rare thing to see people moved by the social inequality to the point they decide to do something about it, carefully researching and consulting with people to get a flavour of trans peoples' experience of the Ambulance Service. The unique nature of the Ambulance Service often seems to be overlooked when 'health services' are considered.

The original report put together by Kathleen Henwood in 2017 was an excellent and insightful piece of work. It paints a very balanced picture of our services. We get the care of the illness or injury just right, but often feel awkward when we have to deal with the person underneath. This candidly summarises the experiences of trans people and highlights the notion of our staff 'clamming up' when their patient is transitioning. The original report was written for Yorkshire Ambulance Service, but I feel it has a much greater appeal for our Ambulance Services in general.

Whilst updating Kathleen's research it was noted that the National Ambulance LGBT Network has already moved forward with producing awareness-raising resources and supporting literature. In this 2018 version, we have amalgamated the two; you will read about a number of initiatives to improve care for trans people and then view some of the resources created to support this.

I would like to say a huge personal thank you to Kathleen for allowing us to use her research and, once again, state what a triumph it is. You get the distinct impression of someone wanting to make a difference when you read the report. I hope you enjoy reading the document and that it helps you understand the issues for trans people and gives you confidence to support people much more compassionately.

With best wishes

A handwritten signature in black ink, appearing to read 'Alistair Gunn', with a long horizontal flourish extending to the right.

Alistair Gunn
Chairperson
National Ambulance LGBT Network

Author Biographies

Kathleen Henwood

Kathleen has worked for Yorkshire Ambulance Service (YAS) as a paramedic since qualifying in 2011, after training at Sheffield Hallam University. She has worked from Leeds Ambulance Station for most of her career. Alongside her time with YAS she has worked as a medical volunteer in Gaza, Calais and on the US / Mexico border. This combined experience has focused her professional interest on issues of accessibility in healthcare, inclusion in clinical practice and the ways in which pre-hospital providers can improve the whole healthcare journey of marginalised patients.

She proposed and wrote this report while on light duties in 2017, after discussions with trans friends who had felt apprehensive about calling 999, and then later researching trans health inequalities. She would not have been able to produce this report without the generous support of the trans community, particularly trans healthcare advocates and the respondents to the consultation.

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Alistair Gunn

Alistair joined the Ambulance Service in 2003 as an Emergency Medical Technician. After four years working on the emergency ambulances in the East Riding of Yorkshire, he moved into a management role and has progressed through a series of operational and developmental roles.

Aside from his formal CV, Alistair has been involved in a number of voluntary and part-time roles for LGBT projects. This includes a number of youth and health projects in Manchester and Yorkshire.

In 2011 Yorkshire Ambulance Service formed an LGBT Network to support lesbian, gay, bisexual and transgendered colleagues and Alistair has acted as Chair to the group since the start. The National Ambulance LGBT Network was founded in 2015 and Alistair became the first elected Chair. The Network has progressed rapidly and is now a respected organisation with links in all NHS Ambulance Trusts and also the Association of Ambulance Chief Executives. In 2018 Alistair was awarded an Outstanding Service Award by the Association of Ambulance Chief Executives in recognition of work to progress the LGBT agenda in the Ambulance Service.

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Acknowledgements and Dedication

Many thanks to Lizz Oakes, Louie Stafford at the LGBT Foundation, Pat McCusker at Yorkshire MESMAC, Anne Marie Stewart at the LGBT Mapping Project and all of the trans healthcare advocates who supported this consultation, most of whom are volunteers.

Additional thanks to all survey respondents for sharing their experiences and helping us to improve the care we provide.

This research has been inspired by the experience of Tyra Hunter.



Tyra Hunter
1970 - 1995

Tyra was injured in a car crash in Washington DC in 1995. Emergency Medical Technicians at the scene verbally abused Tyra and withdrew care after realising she was trans. She was taken to DC General Hospital, where she died of untreated internal bleeding.

She was later judged to have had a 90% chance of survival with appropriate treatment, and her mother was awarded \$2.9 million in compensation. None of the Emergency Medical Technicians involved were ever disciplined.

This must never be allowed to happen again.

Setting the Scene

Transgender people (more commonly referred to as 'trans' people) are those whose gender expression falls outside the commonly understood gender norms. At birth, each of us is assigned a sex (male or female) based on our physical characteristics. Most people's gender identity (how they identify and present) will not differ from this, but for trans people there is conflict between their gender identity and assigned sex. This is sometimes described as 'gender identity disorder', a diagnosis that is required to access specialist treatment through the NHS.

Many trans people permanently change their gender presentation to bring it into alignment with their gender identity, in a process referred to as 'transitioning'. Some trans people may never fully transition, instead occasionally cross-dressing or changing their gender presentation only at home or outside of work. As an umbrella term, 'trans' also includes non-binary people, who define as gender neutral – neither male nor female. These roles may be fluid and change over time.

Transitioning is the process of changing one's gender presentation to bring it into line with one's gender identity. It can involve medical treatment, but this is not inevitable or necessary. It is considered to be the only way to mitigate the distress and conflict caused by gender dysphoria, and the NHS helps people to transition by offering hormone treatment, surgery and other support. These services are usually accessed through the NHS, via Gender Identity Clinics (GICs). Transitioning has a positive impact on the mental health of trans people, with low rates of regret or reversal. In 2015 a 20 year survey showed a 96% satisfaction rate amongst people who had transitioned (Age UK, 2015).

Being trans used to be considered a mental disorder, but is now increasingly considered a 'common and culturally diverse human phenomenon that should not be judged as inherently pathological' (Department of Health, 2008). Treatment was traditionally psychiatry-led but this is changing, and tension may arise when health care professionals continue to treat trans people as mentally ill. A parallel may be drawn with homosexuality, which was considered a mental illness until 1992 and treated as something problematic and curable. Since then society has accepted it as a normal variation of human identity.

It is estimated that around 1% of the population experiences some degree of gender variance, although it's hard to measure. This means that there may be 650,000 gender variant people in the United Kingdom which would suggest approximately 400 people directly employed by NHS Ambulance Trusts, not including volunteers. Transgender people are considered an 'emerging population' – in 2005 the Women and Equality Unit estimated that there were only 5,000 trans people in the UK, but in the years since many more people have come out as society becomes more accepting (Women and Equality Unit). This has led to an increase in requests for GIC referrals and support from schools

Setting the Scene

and employers, meaning that institutions must consider how they cater for trans service users and employees.

Being transgender isn't inherently harmful or problematic as an identity. Distress and issues arise from the social stigma still attached to trans identities and the resulting costs of 'coming out', transitioning and being visibly transgender. These costs may include harassment and abuse, relationship breakdown, problems at work and more. All of these factors can have a negative impact on the physical and mental health of trans people, in addition to any direct medical treatment they are receiving for their gender dysphoria.

'Transphobia' is prejudice and stigma against trans people. It comes in many forms and may be very blatant (harassment, assaults and murders) or more subtle (disrespectful portrayals in the media, workplace discrimination). The main areas in which transphobia affects trans people are in employment, access to healthcare, social life and in education (Whittle, Turner and Al-Alami, 2007). There may be a negative impact on trans people's incomes, career opportunities, living standards, quality of life and physical and mental health. Trans people experience abuse and harassment at a higher rate than the general population, in a 2007 survey, 73% of respondents had experienced harassment (Whittle, Turner and Al-Alami, 2007). Only 30% of transphobic hate crimes are reported, and the conviction rate is only 2 to 3% (House of Commons Women and Equalities Commission, 2016). 64% of trans people have experienced domestic violence or abuse compared to 29% of cisgender respondents (Williams et al., 2016). Transphobia puts trans people at a higher risk of depression, self-harm, substance misuse, suicidal thoughts and behaviours and suicide attempts than the general population. This can be aggravated by the loss of social support that may result from coming out, which may instigate familial estrangement, relationships breakdowns, the loss of employment and friends.

Trans People and Healthcare

Transgender people experience ‘severe and persistent disadvantage in accessing appropriate health care in a timely way’ (Royal College of Nursing, 2016). These health inequalities contribute to poorer health outcomes and represent failures within the health service. As the House of Commons Women and Equalities Committee starkly stated in 2016:

‘The NHS is letting down trans people: it is failing in its legal duty under the Equality Act. Trans people encounter significant problems in using general NHS services, due to the attitude of some clinicians and other staff who lack knowledge and understanding – and in some cases are prejudiced.’

Until now, research in this area has tended to focus on General Practitioners and Gender Identity Clinics as the most problematic areas of NHS provision, but broader surveys have revealed widespread inadequacies. Three quarters of NHS staff have had no training about the legal rights of trans colleagues or service users and one in five patient facing staff have heard transphobic comments in the last five years (Stonewall, 2015). A 2018 Stonewall report surveyed the experiences of over 5,000 LGBT people. 62% of trans respondents reported that they had experienced a lack of understanding of specific trans health needs by medical staff. 40% reported experiencing difficulties accessing healthcare and 32% reported experiencing unequal treatment from healthcare staff. Over a third of trans respondents reported avoiding treatment for fear of discrimination (Stonewall, 2018).

While ‘trans people [are] often nervous about accessing services because they were “not treated sympathetically [or even] politely”’, open judgement and hostility towards trans people only represents one aspect of the barriers they face when accessing healthcare (House of Commons Women and Equalities Commission 35, 2016). Staff may be well-meaning but lack confidence and education, leaving them ill-equipped to meet the needs of service users. In a Department of Health survey, 29% of respondents felt their trans status adversely affected the way they were treated by health care professionals (Department of Health, 2008). Trans service users may find themselves expected to educate their care providers about trans issues and anatomy, or find that medical issues unrelated to their transition are seen only as part of their trans identity (Whittle, Turner and Al-Alami, 2007). The idea that healthcare providers may insist on seeing all parts of a patient’s health through the lens of their gender identity is known as the ‘trans cold’ issue - where a trans patient with a cold gets treated as though they have a ‘trans cold’. This focus on irrelevant details can lead to inadequate care, particularly in mental health provision. They may be excluded from screening programs appropriate for their anatomy, leaving them exposed to risk – for example some trans men still have a cervix but are not offered cervical smears. As inpatients, trans patients may be allocated to inappropriately gendered wards, leaving them exposed to transphobia from staff and other patients.

Trans People and Healthcare

The average wait from referral to a first appointment at the Leeds Gender Identity Service in 2016/17 was 68 weeks, a significant contravention of the NHS guideline of 18 weeks as a maximum wait from referral to specialist care (gender identity service waiting time to first appointment offered). This situation is similar in the seven other Gender Identity Clinics (GICs) across England. Additionally, some areas such as the North West have no GIC provision meaning that service users face extended journeys and costs to reach appointments. These inadequacies, as well as the strict criteria for treatment, lead many trans people to pursue private gender confirmation surgery. This relies on people being able to afford the significant costs of surgery, travel and recovery which are sometimes met through crowd funding and fundraising within the LGBT community. People unable to access hormone treatment may self-medicate with testosterone or oestrogen without a prescription or clinician support. Recent General Medical Council guidance suggests a harm reduction approach to self-medicating trans patients, acknowledging that this behaviour results from inadequate NHS provision and the resulting potential psychological harm caused to patients by a lack of treatment (Stafford, 2017).

Trans People and the Ambulance Service

Under the Equality Act 2010, gender reassignment is a protected characteristic, giving trans people (or those perceived as trans) explicit protection against discrimination. As well as this legal commitment, working to promote equality and diversity is a core aim of all NHS Ambulance Trusts.

Trans awareness training for healthcare workers has been mandated in reports by the House of Commons select committee and Stonewall, and the Department of Health specifically highlights it as a need for ambulance and Emergency Department (ED) staff. As in many other areas of health research, pre-hospital and emergency care tends to be neglected when trans experiences of healthcare are studied, leaving a significant evidence gap. A 2015 Stonewall report surveyed a wide range of health care professionals and support staff but included no ambulance staff. When contacted, they were unsure why this was and it seems to be an oversight rather than an informed decision. Qualitative research on trans people's perceptions of the emergency health care available to them has been conducted but only in America and Canada. Anecdotal evidence, such as the #transhealthfail Twitter campaign, suggests that trans people have experienced inadequate care due to staff who are undereducated on trans issues at best, or openly transphobic at worse.

Many trans people accessing NHS primary care will choose a GP based on a positive reputation in the trans community. Some advocacy groups compile lists of GPs who have a track record of treating trans patients with respect; a good example of trans people supporting each other to overcome institutional shortcomings ('Trans Friendly Doctors And GPs Practising In The UK'). For emergency situations, however, there is no element of choice and trans people have no control over which clinicians they see. For this reason it is of even greater importance that we work to improve our standards of care for trans service users, to ensure that they can call for help with confidence that whoever arrives will treat them with informed respect.

The Experience of Trans People Using Our Services

In the absence of existing data regarding the experiences of trans people with UK ambulance services, a consultation was carried out by Yorkshire Ambulance Service (YAS) in March 2017. Trans people who had accessed YAS as patients, relatives, friends or bystanders were asked to discuss their experiences, and rate their perceptions of the incident. The consultation was promoted amongst the trans community via posters and an online campaign, with the assistance of trans advocacy groups across Yorkshire and the North. It took the form of an online survey, with an additional invitation to email the project directly.

In total, 22 responses were received by the deadline. Three were discounted as the respondents were cisgender and not filling out the survey on behalf of a trans person. A further response was discounted as the respondent had not used the ambulance service and had no additional comments.

This left 18 responses from gender variant people – eight trans men, five trans women and five non-binary people. They had all accessed YAS’s emergency ambulance service – just over half as patients, the rest as partners/friends of patients, bystanders or first aiders.

Ten respondents rated the care they received from YAS as excellent or good – nearly 60% of the total. Four rated it as average and three respondents rated their care as below average or poor.

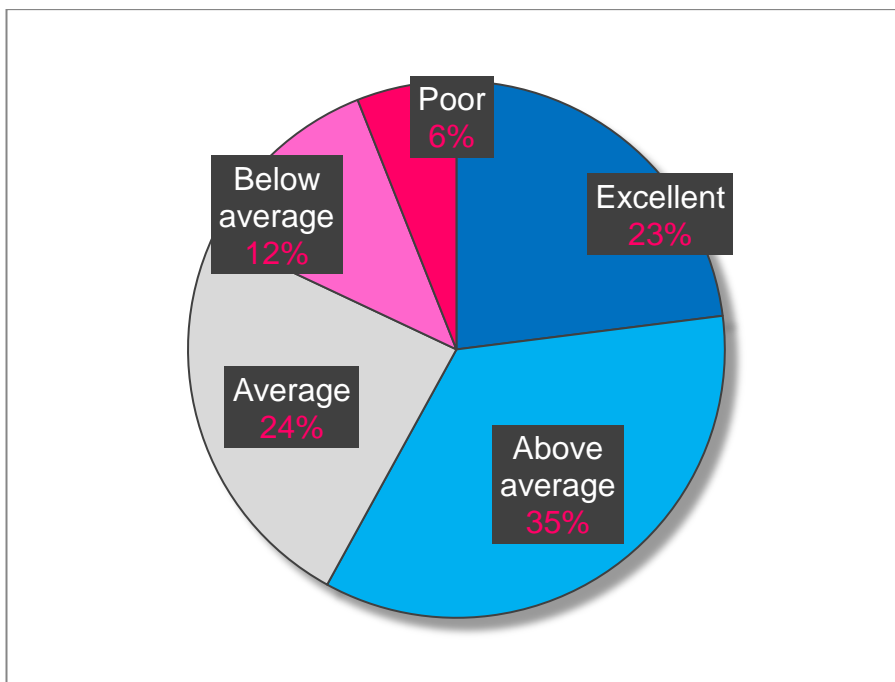


Figure 1: Graph showing a summary of how respondents to the study rated their experience of the service overall. Number of respondents was 18.

The Experience of Trans People Using Our Services

It is important to consider service user satisfaction as relative to expectations. Some respondents who rated their experiences positively or neutrally then went on to describe dissatisfactory elements to their care, suggesting low expectations and a low threshold for satisfaction. One respondent describes their experience as a patient as 'distressing' and 'uncomfortable' yet rates it as 'average' (although they do say that they would feel 'negative' about needing an ambulance in future). Another respondent reports being repeatedly misgendered, taken to the wrong toilets to clean up after administering first aid to the victim of an assault, and being called a 'brave girl' by a crew member even after introducing himself with a male name and presenting as male. He describes the staff as 'well meaning' and 'caring', despite their failure to understand and respect his trans identity, rating the experience as 'average'.

Respondents were invited to give specific reasons for their satisfaction rating and discuss ways in which their care could have been improved, resulting in a mixture of responses. Staff were described as 'friendly', 'calm' and 'professional' – one respondent wrote that 'despite my injury, it was a good experience'. One crew was praised after sensitively enquiring which pronouns the patient and their trans partner would prefer. Another received positive feedback after not asking 'intrusive' questions, and accommodating the patient's need to remove their chest binder in privacy. One respondent wrote that they were 'treated with dignity and respect, and there were no issues', suggesting that some YAS staff are meeting the Trust's aims at least some of the time with trans service users. However some described uncomfortable or disappointing experiences. One person wrote that the awkwardness of the staff member treating them was 'upsetting', to the extent that the other staff member present later apologised. Another wrote that their crew insisted in using female pronouns despite the patient repeatedly explaining that they were a trans man and requesting the use of male pronouns. He described the experience as 'distressing' and 'completely unprofessional', concluding that "you should treat all patients with respect, I was given none and it hurt".

A failure to respect the appropriate pronouns of a trans patient, even after corrected, was a strong theme. Of the 18 participants, only five reported their correct pronouns being used consistently, with four more reporting inconsistent use and four respondents reporting constant use of inappropriate pronouns (six people couldn't remember or were not fully aware during their treatment). One respondent was asked their 'real name' and after explaining their recent chest surgery was asked if they'd had any surgery 'down south', with laughter from the crew. This underlines that while pronoun use may seem a minor issue to people that have never experienced misuse, it often is part of an attitude that a trans person is 'really' the gender they were assigned at birth, with their trans identity as an irrelevance.

The Experience of Trans People Using Our Services

One respondent wrote that the crew attending them “fully admitted they knew little about transgender issues but they still treated me with compassion.” An emerging theme through the survey responses was of well-intentioned staff struggling to bridge a lack of knowledge of trans issues and etiquette, which fits with national reports on trans healthcare provision (Royal College of Nursing, 2016). For example, one respondent wrote that “[the crew] asked a lot of questions, which I didn't mind because I think they wanted to understand how best to treat me but it did highlight the fact that they didn't know much about my situation.”

Another wrote that;

‘The staff were very polite and understanding. However, I wish I didn't have to do a ‘non-binary 101’ explanation while I was poorly.’

One trans man felt that the crew attending him were awkward and unsure when carrying out an ECG, which involved removing his binder to expose his chest. They used gendered terms to refer to his chest which he states he did ‘not feel comfortable with’. He then writes that

‘If they had been aware of the distress some of these things would cause me, I would have been a lot more comfortable and would have felt safer.’

This implies that not only did his treatment make him feel uncomfortable and unsafe, but that the crew were not aware of either their missteps or their patient’s feelings.’

In terms of future improvements, many respondents explicitly advocated for staff education, with one writing;

‘The crew didn't really understand much of what it means to be transgender. I think they need more education and training on the area. There are more trans and non-binary people coming out each year now and we deserve to be treated right. The staff also deserve the training to be able to treat people like me the best they can. When I was under their care I could tell they genuinely wanted to understand how to make me feel comfortable and they wanted to give me the best care, but they had very little / no knowledge on treating trans patients.’

Another stated that their trans identity had been irrelevant to their presenting complaint, and they felt that it had been dealt with in a ‘clumsy’ way, suggesting that staff should be aware of the trap of presuming that any presenting complaints in a trans patient are related to their trans status, thus risking missing unrelated medical issues due to tunnel vision.

The Experience of Trans People Using Our Services

Other respondents wrote:

'It would be good [if] the crew knew what non-binary was without having an explanation.'

'[My care would have been improved by the crew] not using the wrong name and pronouns, not asking intrusive and inappropriate questions. Basic awareness of trans issues.'

'Respect my pronouns and the fact my name, NHS number etc. is all male - so call me by my male name and by male pronouns.'

These responses correlate with the basic standards of care that trans people should be able to expect from care providers – an understanding of trans issues, the use of appropriate pronouns with sensitive clarification if necessary, a lack of intrusive questioning and an understanding of the 'trans cold' concept.

What Next?

Our consultation shows that there is need for improvement and education. The reported experiences of respondents show that while some staff are already working well to support trans service users, too frequently the good intentions of crews are not matched by a sufficient level of knowledge. At best this manifests as well-meaning questions, with education expected from a patient who may be in distress. At worst, staff discomfort around conversations they're unsure how to navigate can result in awkwardness and inappropriate attempts at humour. Respondents have described the impact of poorly-handled assessments as 'upsetting' and 'distressing', underlining the potential impact of getting it wrong. One respondent wrote;

'For a lot of trans people our bodies are a source of dysphoria. In a medical setting this can make us feel embarrassed, uncomfortable and vulnerable. Those in healthcare have a real opportunity to make a difference in the way we feel. A bad experience can live with us for a lifetime.'

Looking at the survey results in the context of trans healthcare issues, and more broadly in the light of issues of our equality and diversity commitments, there is a clear mandate for YAS to work to raise the standards of care for trans service users. Survey respondents were positive about the prospect of an ambulance service working on trans engagement, with some spontaneously praising the consultation in free text comments. One wrote:

'It was actually really nice to find out that this is happening, and I really hope something comes of it. So much of trans healthcare is dictated to us, or we experience gatekeeping [...] - that anything like this which aims to involve us and build on our experiences rather than assumptions about our experiences seems like a good change, and gives hope of a more democratic system for trans healthcare.'

Another identified:

'I was really pleased to see this survey being done. I think it's wonderful when services take initiative and listen to trans people's experiences because we are often missed out in monitoring.'

There is a precedent for a UK ambulance service trust to engage with the trans community. South East Coast Ambulance Service (SECAMB) are corporate members of the Gender Identity Research and Education Society (GIREs). The two organisations collaborated on a trans inclusion project, resulting in information sheets being circulated to frontline staff and call takers, a section on their website discussing the clinical care of trans people, an awareness-raising display at their Annual General Meeting, a draft policy for

What Next?

supporting staff through transition and the inclusion of trans members on their audit team and inclusion hub advisory group. The inclusion of trans people in the organisational structure allows for immediate problem solving as well as continuing discussion, meaning that the service can continue to improve and evolve rather than relying on a one-off project.

The Royal College of Nursing has been proactive about advocating for the improvement of care for trans patients, producing the 'Fair Care for Trans Patients' document as well as additional documents focusing on clinical specifics of the care of trans people. The 'Pride in Practice' program developed and delivered by the LGBT Foundation in Manchester is an accredited course and support service for primary care practices, educating and empowering them to provide improved care for LGBT people (which includes trans people). This is not available beyond primary care providers at present, but provides a model for NHS Trust engagement with outside organisations. The LGBT Foundation provided support with the planning and implementation of this consultation, laying the groundwork for potential future communication and collaboration.

Proposals for Positive Change

Staff Engagement

Educational Leaflet for Frontline Staff and Call Takers

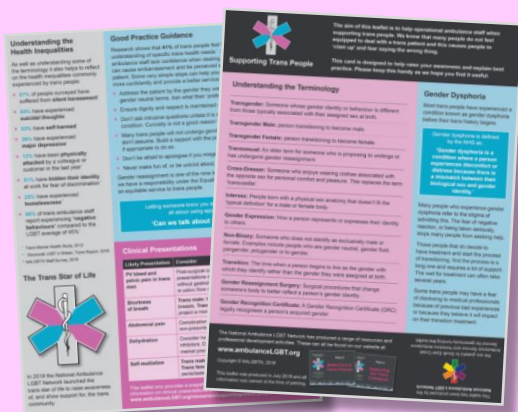
This is an affordable way of communicating detailed information, which staff can read when convenient. It would be tailored towards frontline ambulance staff and call takers, rather than being the generic advice for health care workers that currently exists. This will allow staff to learn from directly relevant examples, backed up with explanation of trans issues and examples of feedback from trans service users gathered in this consultation.

Since the main body of this report was written, the National Ambulance LGBT Network has focused a lot of attention on producing resources to help ambulance staff provide better care to patients, either in the ambulances or in call centres.

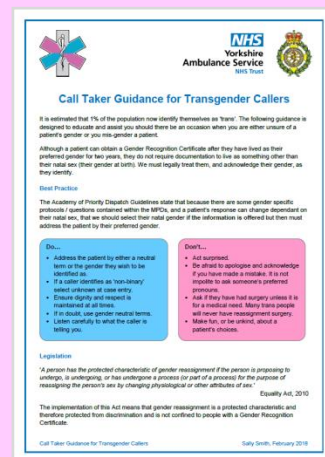
The first resource is a small z-card leaflet which has been designed to fit into the pockets of every single member of operational ambulance staff. The leaflet contains information on terminology, health inequalities and good practice guidance as well as some of the unique clinical presentations that trans people may experience. This leaflet took around a year to produce after consulting extensively with members of the trans communities either at Pride events or setting up focus groups with community groups.

We are delighted with the finished result and we have found other organisations are requesting the leaflets including other NHS Trusts, the Police and Fire and Rescue Services, and even the Prison Service.

A guidance sheet has also been put together for staff working in call centres. It explains some of the key issues when dealing with a trans person, including using inclusive language, and what to do if the call taker misgenders someone.



The trans z-card leaflet (left) is credit card size and folds out to reveal a wealth of information. The guidance for call takers (right) is a more simple document.



Proposals for Positive Change

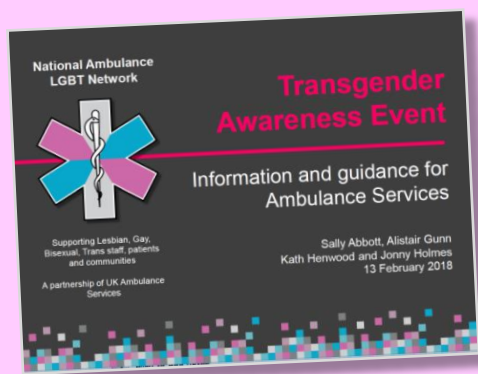
CPD Event with a Trans Representative

CPD events provide an opportunity for interested staff to engage with trans issues in depth, and would directly involve members of the trans community. Ideally all equality and diversity related service improvement would involve members of the relevant communities in planning implementation. It is important to liaise with trans advocacy groups – they can review training materials written by cisgender staff, for example, or provide trainers for a session. Ambulance Trusts should expect to pay a trainer or organisation for a CPD session as most trans advocacy groups are run on very tight budgets.

The National Ambulance LGBT Network has always tried to raise the profile of, and support, the different events that link with the LGBT communities. Where resources have been created these are usually shared on the website (www.ambulanceLGBT.org).

One good example of this was a trans awareness presentation and guidance notes that were produced for LGBT History Month in February 2018 and shared so that other services could hold similar events.

The information resource not only focused on some general information about trans people and some of the health inequalities, it also explored some of the issues unique to the ambulance services. An example is how the dispatch system fails to recognise the clinical priorities of a trans person if they are misgendered at the start of the call.



The Transgender Awareness Event document is one of many packs available on the National Ambulance LGBT Network website. You will also find comprehensive guidance notes to accompany the presentation.

Online Video

An online video could replicate much of the information from a CPD session, in a way that can be viewed many times across the trust by many more staff than would be able to attend one real-life training session, increasing the cost-effectiveness and reach of the project. The LGBT Foundation has experience of making trans awareness videos for

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organisations and would be able to advise and offer practical support. A video could include simulated scenarios as well as general education, making the information feel directly relevant in a way that a leaflet may not. A video would also be a versatile tool – it could be shown as part of diversity training or accessed online by staff.

At the National Ambulance LGBT Network Conference in 2018 the keynote speeches and some of the workshops were videoed so they could be shared with a wider audience. These are all available on the website (www.ambulanceLGBT.org) and linked to a professional development site hosted by the company CPDme (www.cpdme.com/LGBTNetwork).

Recording awareness and training events and making these available online is an excellent way of spreading good practice to a wider audience. This is also linked to professional development activity and it will undoubtedly increase the uptake by operational ambulance staff.

Organisational Commitment

Community Outreach

Barriers to healthcare are a matter of perception as much as experience and attitudes may be slow to respond to change. Therefore it is important that in addition to improving our care of trans service users, we communicate to the trans community that the need for those changes is acknowledged and that those changes are happening. The trans community has a strong history of self-organisation and advocacy, meaning that there are many potential routes of communication. All consultation respondents consented to their responses being shared with stakeholders, meaning that this report can be shared if appropriate, or an abridged document expressing each Trust's commitment to improvement and planned action.

Additionally, bridges should be built with the trans community. A continuation of ambulance service presence at local Transgender Day of Remembrance events is a way of publicly showing our commitment to the trans community, in addition to our existing presence at Pride events.

Explore Partnerships

YAS has previously been part of Stonewall's Health Champions Program which provides support to NHS organisations aiming to improve health services for LGB people. This program did not include trans people, but Stonewall have increased their focus on trans advocacy in the last couple of years, which may lead to opportunities for partnership in the

Proposals for Positive Change

future. SECAMB have worked with GIRES, a trans advocacy group to improve their care – a similar partnership could be explored. The LGBT Foundation in Manchester has previously worked with primary care organisations, and is currently expanding into supporting other areas of the NHS, meaning that the possibility of partnerships with the ambulance would be a realistic project worth exploring. Many Emergency Departments have disjointed and isolated approaches to care for trans patients, often dependent on the priorities of senior managements. There is potential to liaise with the EDs that receive our patients, in an attempt to provide consistently good care. A similar consultation project would be replicable to include trans people who have accessed EDs, and our recommendations and educational resources are likely to overlap considerably.

Trans Monitoring

There is currently some effort by many Trust's to monitor the trans status of service users, with the inclusion of a 'transgender' radio hole on Patient Care Reports alongside 'male' and 'female'. An attempt to access appropriate Patient Care Records as part of this project was unsuccessful, and at present it is not clear how focussed trans monitoring is. There has been no official guidance for staff, meaning that clinicians are likely to complete only the 'transgender' hole without the appropriate accompanying gender also filled in, which is detrimental to effective monitoring. The LGBT Foundation has produced guidance on trans status monitoring which may be referred to, with further guidelines currently being written. They are interested in working with NHS organisations to develop these, as they previously have with sexual orientation monitoring. Stonewall recently officially recommended the introduction of a gender neutral option on British passports, following the lead of Australia which introduced this change in 2013. This could be considered for ambulance service paperwork, accommodating non-binary patients. This is likely to create issues at hospital handovers because most hospital computer systems cannot yet accommodate a gender neutral option, but this is likely to change in the future.

Support LGBT Staff Networks

LGBT staff networks offer a conduit for transgender or questioning staff needing support and practical help, and should be supported in this by Trusts. They are able to signpost staff to the internal trans support policy document and external trans support groups, put staff in touch with other willing trans staff members and provide solidarity and social support. Network members could be offered additional training to empower them in this, and may be valuable in terms of community engagement.

In addition to this staff networks have a role in promoting awareness both internally to staff and externally at events such as Pride and Trans Day of Remembrance. Since creating the trans star of life logo, awareness of issues and care for trans people has increased significantly.

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Further Information

A wide variety of resources are available to raise awareness of trans issues and help provide better services. Some other useful information can be found at:

- United Kingdom based organisations like GIRES (www.gires.org.uk) and TransBareAll (www.transbareall.co.uk) have some excellent information leaflets.
- You can find a lot of information about trans equality on the Stonewall website (www.stonewall.org.uk) including the Trans Report from 2017.
- You can find information and presentations for ambulance staff on the National Ambulance LGBT network website, at www.ambulanceLGBT.org.

Glossary

Chest binding

Sometimes just referred to as 'binding'. Encompasses any activity that involves the compression of breast tissue to create a flatter appearance of the chest, and is a common practice amongst trans men, trans-masculine people and some non-binary communities as a means of gender expression.

Cisgender

The opposite of transgender; that is someone who is not transgender and is comfortable with their birth assigned gender. Cisgender is often shortened to 'cis' and used as an adjective e.g. 'cis person'.

Crossdresser

A term for someone who does (at least partially) identify with their assigned gender and who presents in ways typically associated with a different (generally binary) gender (e.g. through dress, make up or hair). Crossdressers often only present in this way part of the time and may present in a way more typically associated with their assigned gender in most of their day to day life. Crossdressers may or may not identify as trans.

CPD

Continuing Professional Development, a professional obligation for paramedics and useful way to present training and service changes to staff.

ED

Emergency Department in a hospital, also known as Accident and Emergency.

Gender

The cultural and sociological understanding of where people identify in relation to the spectrum of masculinity and femininity. An individual's gender may be woman, man or within the non-binary spectrum.

Gender assigned at birth

The gender a child is identified as at birth, which usually relates to the sex they are assigned. This is deduced through identifying bodily characteristics made of up of primary and secondary sex characteristics.

Gender dysphoria

A recognised medical condition referring to distress caused by a person's birth assigned gender not being aligned with the gender the person feels themselves to be. A person may feel particularly dysphoric about their physicality as it does not reflect that which society expects for someone of their gender, or they may feel dysphoric in certain social situations or hearing certain gendered words.

Gender expression

Gender expression is the external manifestation of gender such as dress, body language, hair and make-up (or lack thereof). How society constructs the social cues that specify whether an act is represented as masculine or feminine is culturally dependent. Gender expression does not have to be aligned with a person's gender identity.

Gender identity

Gender identity is understood to refer to how each person understands their own internal and individual experience in relation to gender and their own identity. This may or may not correspond with a person's gender assigned at birth.

Gender Identity Clinic (GIC)

Specialist clinics across the UK which trans people are referred to from mainstream services / GPs for gender related care. They can diagnose gender dysphoria and are often the way that trans people get a prescription for hormone therapy.

GIRES

Gender Identity Research and Education Society, a trans advocacy group.

LGBT

An acronym for Lesbian, Gay, Bisexual and Trans. The + version refers to a number of

LGBT+

This is the abbreviated form of the acronym **LGBTQQIAAP** which stands for Lesbian, Gay, Bisexual, Transgender, Transsexual, Queer, Questioning, Intersex, Ally, Asexual and Pansexual.

Non-binary

An umbrella category for gender identities other than man and woman, thus outside of the gender binary. Some people identify their gender as non-binary and others use other specific gender terms which are part of this category.

PCR

Patient Care Record, formerly known as a Patient Report Form (PRF). A paper or electronic record completed by ambulance staff recording a patient's details, presenting complaints and any treatment given. A copy is given to the Emergency Department or relevant destination, with the original kept by the ambulance service. They may be audited and used for monitoring.

Glossary

SECAmb

South East Coast Ambulance Service

Trans status

Someone's trans status is whether they are trans or cis.

Transition

Transition relates to the process a transgender individual undertakes to align themselves with the gender they are, as opposed to that which they have been assigned at birth. Transition 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; hormone therapy and possibly (though not always) some form of surgical gender affirmation. This is a deeply personal process that may involve medical interventions but does not have to.

Transgender

Often abbreviated to 'trans'. Umbrella terminology that relates to a wide range of people whose gender identity differs from the gender they were assigned at birth in some way.

Transgender Day of Remembrance

Transgender Day of Remembrance, which occurs annually on November 20, is a day to memorialise those who have been murdered as a result of transphobia and to bring attention to the continued violence endured by the transgender community

Transsexual

A term historically used to describe a transgender person. It is now generally considered outdated and transgender is more widely accepted.

Transphobia

A fear or dislike directed towards trans people or towards their perceived lifestyle, culture or characteristics. This can affect trans people's lives on a daily basis. Transphobic attitudes and actions range from the deliberate misgendering of a trans person to theft, serious assaults and sexual abuse.

YAS

Yorkshire Ambulance Service

The National Ambulance LGBT Network
has produced a range of resources to
support working with trans people.

Find out more at

www.ambulanceLGBT.org



Keep in touch with the Network on social
media using the following links



National Ambulance LGBT Network



@NatAmbLGBTUK