Trans & Gender Diverse Inclusion handbook

For hospice staff and volunteers

Updated September 2026

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About Hospice UK

Hospice care eases the physical and emotional pain of death and dying. Letting people focus on living, right until the end. But too many people miss out on this essential care. Hospice UK fights for hospice care for all who need it, for now and forever.

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Background

This resource has been created in response to research that has demonstrated that trans and gender diverse people experience significant anxieties about accessing healthcare services, including palliative and end of life care (PEOLC) services.[1, 2,3]

Hospice UKs 'I just want to be me' report, published in 2023, showed that in many instances, the end of life care that trans and gender diverse people receive is not inclusive of them, and despite best intentions and a willingness to learn, staff feel they lack the knowledge and training needed. Trans and gender diverse people who had accessed palliative and end of life care at times experienced insensitivity from staff, misgendering and confusion over their identity and instances of poor physical care.

Palliative and end of life care staff expressed a positive desire to learn and ensure their services are accessible, with those who had received end of life care sharing many positives about the staff they encountered. However, staff raised serious concerns over discriminatory views not being addressed in the workplace, a lack

[1] Hospice UK. 'I just want to be me'. Trans and gender diverse communities access to and experiences of palliative and end of life care. London: Hospice UK; 2023.
[2] Almack et al. The Last Outing: exploring end of life experiences and care needs in the lives of older LGBT people. Nottingham: University of Nottingham
[3] TransActual. Trans lives survey 2021: Enduring the UK's hostile environment. [Online] 2021 [cited 2025 Feb]. Available from: transactual.org.uk/trans-lives-21

of training and understanding on LGBTQ+ issues, and a lack of access to information on providing medical and clinical care to trans people.[4]

About this handbook

This resource seeks to improve the inclusion and safety of trans and gender diverse people within a hospice, whether they are a patient, visitor, staff member or volunteer.

This resource is designed for anyone working or volunteering in a hospice. It aims to support you to help make your hospices' services more inclusive of, and accessible to, trans and gender diverse people. Particular sections may be more relevant to particular roles, so please consider how the information in this resource can be applied to you.

This handbook covers various levels of knowledge and experience. Whether you are already a workplace champion for trans and gender diverse equity, or you have no idea where to start, this resource is for you.

The suggestions and information in this handbook are intended to help you to:

- Address the barriers facing trans and gender diverse people in Palliative and End of Life Care (PEOLC).
- Ensure that you and your hospice are informed of the legal standards you must meet.
- Implement good practice.

[4] Hospice UK. 'I just want to be me'. Trans and gender diverse communities access to and experiences of palliative and end of life care. London: Hospice UK; 2023

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This section provides resources and information useful to everyone. It may be of particular interest to those who would like to further their learning.

Use of language

At the end of this section, you will:

- Be able to define sex and gender.
- Be able to define terms people use to describe their gender.
- Be able to differentiate between discussing gender identity, and sexual orientation.
- Understand what it means to be transgender or gender diverse, and why this is important in a healthcare setting.

In a health and care context, such as a hospice, it is important we understand the language people use to describe themselves and their needs.

This is a matter of patient safety. When care providers understand these terms, it ensures that patients and their loved ones feel able to communicate openly. It also enables those care providers to provide the best care possible, understanding what a patient needs from their clinical care team.

Sex and gender

It is important that you understand the definitions of sex and gender. This will help you to provide the appropriate physical, social and psychological care to an individual.

Gender and sex are different things, but they may interact with one another.

Sex

Sex is the sum of the characteristics, such as reproductive organs, hormones and chromosomes, that distinguish males and females. At birth, a baby is assigned a sex based on the appearance of the external sex organs (i.e. whether they have a

vulva or penis). When people say 'legal sex' they are referring to the sex as registered on a person's birth certificate.

It is important also to be aware that some people's characteristics do not fit neatly into the male or female definitions. The term 'intersex' refers to people whose body differs from expectations of what combined characteristics each sex would have (e.g. a mix of reproductive organs, hormones and chromosomes). This resource does not cover the experiences and care needs of intersex people, but this is important to understand. For more information, you may find the work of OII Europe helpful, for example their guide on standing up for the rights of intersex people.[5]

Gender

Gender is the characteristics and traits of women, men, girls and boys that are socially constructed.[6] For example, the belief that boys wear blue, and girls wear pink. What makes up a gender varies between societies and can change over time. A person may have a deeply held, personal sense of their gender (referred to as their gender identity); most people are a either a man or woman, but some people may have non-binary gender identities.

Aspects of a patient's sex may determine what care they require or how a particular condition presents. For example, you may need to know if a patient has a prostate, uterus, ovaries, or other sex characteristics, in order to anticipate and manage symptoms such as urinary issues or gynaecological symptoms. A patient may also require additional care if they are menstruating, which is related to their sex. It is also important to know a patient's gender, and what language they use to describe this, so you can provide the right personal and social support for them and treat them with respect.

Key terms relating to sex and gender

Along with understanding sex and gender, it is important to understand the most common terms that people may use to describe their gender.

Transgender (Trans)
An umbrella term describing any person whose gender identity does not align with the sex they were registered at birth. The term Transgender/Trans is an adjective. To check you are using this word correctly, try substituting the word 'trans' for the word 'tall' to check your grammar

[5] Ghattas DC. Standing up for the human rights of intersex people – how can you help? Belgium: OII Europe; 2015.
[6] World Health Organization. Gender and health. [Online] [cited 2025 Feb] Available from: https://www.who. int/health-topics/gender#tab=tab_1

Assigned Male at Birth (AMAB)
Any person whose sex registration at birth resulted in a declaration of male.

Assigned Female at Birth (AFAB)
Any person whose sex registration at birth resulted in a declaration of female.

Gender diverse
Relates to a person whose gender identity, and the way they express their gender, does not conform to socially defined gender norms, and/ or fit into the male or female binary.[7]

Cisgender
A person whose gender identity aligns with what is typically associated with the sex they were assigned at birth. It is shorthand for everyone who is not transgender.

Non-binary
Non-binary is an umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely. Many people who are non-binary also identify as trans, but not all.[8]

Other Key Terms

Transition
Transition is the process of an individual expressing their internal sense of gender rather than the gender assigned to them at birth. To do this, people can align their presentation (the way they look, speak and are referred to) and/or sex characteristics (their external sex organs or hormones) with their gender identity.

Transition can refer to a social transition (telling people you are trans, telling people if you are changing your name), a legal transition (changing your sex/gender marker on documents or seeking to obtain a Gender Recognition Certificate), and medical transition (being prescribed hormone therapy and/or having gender affirming surgery).

[7] OHCHR. The struggle of trans and gender-diverse persons. [Online] [Cited 2023 Jan]. Available from: https:// www.ohchr.org/en/special-procedures/ie-sexual-orientation-and-gender-identity/struggle-trans-and-genderdiverse-persons
[8] Stonewall. List of LGBTQ+ terms. [Online] [Cited 2025 Feb]. Available from: https://www.stonewall.org.uk/listlgbtq-terms

Gender-affirming care
Gender-affirming care refers to medical, psychological, and social interventions that are provided to transgender and gender-diverse individuals, to help align their physical and social characteristics with their gender identity. Gender-affirming care can support transition. Replacing the terms 'Sex Reassignment' and 'Gender Reassignment'.

This is not a complete list of all important or common terms. Please see the resources section of this handbook for further information.

The terms listed here, in the important terms section, are currently the most appropriate language and words you should feel confident using and understanding, although we recognise that language is subject to chance over time.

Sexual Orientation
Refers to who you are romantically or sexually attracted to and your identification as, for example, bisexual, straight, gay, pansexual or asexual.

Lesbian
A woman, who is sexually or romantically attracted to women.[9]

Gay/homosexual
Being sexually or romantically attracted to people of the same sex as yourself.[10]

Bisexual
Being sexually or romantically attracted to people of the same sex as yourself and people of a different sex to yourself.[11]

Queer
Having or relating to a gender identity or a sexuality that does not fit society's traditional ideas about gender or sexuality.[12] Queer can be offensive to some people. Only use this word if a person describes themselves in this way, or if you yourself are comfortable with this word and feel it best describes you.

LGBTQ+

[9] 9 Merriam Webster. Lesbian. [Online] [Cited 2025 Feb]. Available from: www.merriamwebster.com/dictionary/lesbian
[10] Cambridge Dictionary. Gay. [Online] [Cited 2025 Feb]. Available from: dictionary.cambridge.org/dictionary/english/gay
[11] Cambridge Dictionary. Bisexual. [Online] [Cited 2025 Feb]. Available from: dictionary.cambridge.org/dictionary/english/bisexual
[12] Cambridge Dictionary. Queer. [Online] [Cited 2025 Feb]. Available from: dictionary.cambridge.org/dictionary/english/queer

The letters here stand for Lesbian, Gay, Bisexual, Transgender, Queer. Other sexual orientations and gender identities/expressions are signified by the '+', including pansexual, asexual/aromantic. Any individual can identify with multiple terms.

Appropriate vs inappropriate language

Learning the language that is culturally or personally significant to someone can be a delicate task when caring for any patient. Language around trans issues has changed and developed quite rapidly over the last 10 years, so it is good to keep up to date and remain open to learning.

For those in the trans and gender diverse community, language can be particularly sensitive. This is because many words have been weaponised against the community, including words that appear non-offensive out of context. Inappropriate language targeted at transgender people tends to focus on their sex registered at birth as a way to deny their gender identity.

Some phrases that were previously common, and you may have heard used, have since fallen out of popularity. These terms may be used by individuals of particular generations or subsections of the transgender community, but it is best not to lead with them.[13]

[13] OUTpatients. TRANS:cribing - Clinical considerations for safe and inclusive prescribing for transgender and non-binary patients. [Online] [Cited 2025 Feb]. Available from: https://outpatients.org.uk/transcribing/

Use of pronouns

At the end of this section, you will:

- Understand what pronouns are.
- Understand why pronouns are important to people.
- Know how to ask for someone's pronouns, and feel confident doing so.
- Have confirmed whether your patient admission forms include a space to share pronouns and preferred name.
- Understand what 'misgendering' means.
- Know what to do when you make a mistake e.g. referring to someone with the wrong name or pronouns.

While pronouns often come up when we speak about gender and inclusion for trans and gender diverse people, they are a normal part of our language that we use every day without thinking.

Pronouns are words used to replace a noun, often to avoid repetition of names or to make sentences simpler.

The reason pronouns often come up in conversations about gender, is because the pronoun we use for a person is normally determined by what gender they are/we believe they are. Most women use she/ her pronouns, and most men use he/him. Therefore, when we refer to someone using the wrong pronouns/pronouns they do not identify with, it sends a hurtful message that we do not view them as their lived gender or do not respect their identity.

For example

Jada works at the hospice Using pronouns can become: She works at the hospice.

I'm going to speak to Michael Using pronouns can become: I'm going to speak to him.

We also use the pronouns they/them in our day to day life, often when we do not know the gender of the person involved.

For example - Someone is at the door. Can you let them in?

Some people prefer to use the singular 'they' as a gender-neutral pronoun for themselves.

For example - Taylor works in the fundraising team – using gender-neutral pronouns becomes – They work in the fundraising team.

Some people may be comfortable with several different pronouns being used for them. This can sometimes be shared by saying, for example, 'I use she/they pronouns'. This means that they are comfortable with being referred to as she/her, or they/them.

Question - What pronouns are you comfortable with having used about you?

How to ask someone their pronouns

It can be useful to ask someone their pronouns when they first enter your service, or when you first meet them. This can be asked very casually in conversation when introducing yourself.

For example - Hello, welcome to our living well service. I'm Emma, my pronouns are she/her – what about you?

If you do not wish to share or discuss your own pronouns, that is completely up to you. In the same way it is completely up to others whether they share their pronouns too.

Your admission forms should include an optional question for people to share their pronouns, along with their legal name and preferred name. If you have access to these forms at your hospice, please check this. If your forms do not include these options, consider raising it with a colleague who has responsibility over the admission form structure.

In group settings, avoid asking only one person their pronouns because you think they might be trans or gender diverse. This can compromise their privacy and be uncomfortable.

Someone may share with their care team that they use different pronouns around different people. For example, a patient may not have told their biological family they are trans so may use the pronouns they were assigned at birth around them. It

is important to keep this in mind to avoid 'outing' someone. 'Outing' refers to the act of disclosing a person's sexual orientation or gender identity without that person's consent. This can lead to someone feeling less safe or comfortable in your service.

Displaying pronouns

To make your service more inclusive and accessible to trans and gender diverse people, it can be impactful for staff and volunteers to display their pronouns. Common places to share your pronouns could be in your email signature, or on staff/volunteer badges.

It should never be compulsory for staff and volunteers in your organisation to share their pronouns publicly – this can force people who are privately exploring their gender to publicly label themselves. It can also inadvertently create a less safe space for trans and gender diverse people. The act of displaying pronouns can signal to a trans or gender diverse person that a member of staff is a safe person to talk to about their gender. But if everyone, regardless of their perspective and understanding, is sharing their pronouns, it detracts from this use.

Question - If staff do not display pronouns in your organisation, who can you speak to in order to make sure this is an option?

What is misgendering?

To misgender someone, means to identify them as a gender which is not correct. This can include using the incorrect pronouns for someone or making a more direct/explicit incorrect statement about their gender.

Misgendering can be upsetting for the person on the receiving end. It can endanger them by 'outing' them or calling into question their gender identity in front of others. Depending on the circumstances, it can also be considered a serious data protection breach. Please see the section on data protection Page 21 for further information on this.

Misgendering can be accidental or intentional, and usually it is easy to tell the difference. Misgendering can also happen whether or not the individual you are referring to is present. If you discuss a third person in conversation with a colleague, and use the wrong pronouns for them, this colleague may leave the conversation with an incorrect idea of that person's gender/pronouns.

Accidentally getting someone's pronouns wrong can be uncomfortable for everyone involved, but mistakes do happen. What is important is to apologise briefly and move forward productively.

Apologising repeatedly or at length can draw attention to the mistake and cause further upset or embarrassment. It is also important to pick up on instances when colleagues accidentally misgender someone and politely correct them. Keeping each other accountable and supporting each other's learning helps to make mistakes less likely when the trans or gender diverse person themself is present and takes the burden from them to address it.

However, you ought also be mindful that in certain circumstances, not using a person's pronouns could a lawful expression of a person's gender critical beliefs, provided it does not interfere with a trans person's right not to be harassed or discriminated against. If someone feels they are unable to use a person's pronouns, this ought to be considered sensitively and on a case-by-case basis.

Person 1 : Will Alex have the information for the report today? I think he said he would.

Person 2: Yes, the information is ready. Just so you know, Alex's pronouns are they and them.

Person 1 : Thank you. I'm sorry, I'll make sure I remember their pronouns. I'll go ask them for the report data.

See Page 17 for information on identifying intentional and problematic misgendering, and how to manage this situation.

Addressing discrimination & strengthening policy

At the end of this section, you will:

- Understand what should be included in an organisation's policy in order to protect trans and gender diverse people, and all others, from discrimination.
- Understand different forms of discrimination, as set out in law.
- Understand that organisational policies should reference and reflect the Equality Act 2010 and explicitly mention all protected characteristics.
- Understand what is expected of you in your individual role to uphold the Equality Act 2010.
- Understand what 'protected beliefs' are, and how they relate to the Equality Act 2010.
- Understand the data protection law for information on a person's trans status.
- Understand the importance of having a policy and procedure for addressing discrimination when committed by a patient or visitor in your service.

It is vital that clear policies around discrimination are in place at your hospice. If your organisation's response to discrimination is not clearly laid out in your policies, you could be subject to legal action. For example, if you end a staff

member's contract without this being laid out as a potential consequence in your policy, it could be possible for that person to bring legal proceedings against you.

It is therefore important that your policy includes:

- What constitutes discrimination, including discrimination against trans and gender diverse people.
- What process you will take to address discrimination.
- What consequences an employee may face if the issue cannot be resolved.

We are sharing general advice and guidance but cannot include detailed guidance on how to write these policies, as we cannot provide legal advice specific to your situation. It is important for you to develop policy that is in line with your other workplace policies and reflects your hospice's individual organisational structure and culture. If you would like further guidance, contact the CIPD (Chartered Institute of Personnel and Development).

The information in this resource is based on the law as it stands in September 2026. It is important that you stay up to date on any changes in the law. In particular, the Employment Rights Act 2025, the prvisions of which are being phased in across 2026 and 2027 and which may have implications for your organisation's policies, depending on where your organisation is based.[14]

What is discrimination?

It is important that you are clear on what is considered discrimination against trans and gender diverse people so that you are prepared to respond to it. The Equality Act 2010 describes several forms of discrimination:

- Direct discrimination is when a person is treated less favourably than others because of a protected characteristic. For example, a non-binary person comes out and as a result is fired from their role.
- Indirect discrimination is when rules or arrangements are in place that apply to everyone, but put a person at a particulardisadvantage due to a protected characteristic. These rules or arrangements will be unlawful unless it can be demonstrated that they are a proportionate means of achieving a legitimate aim. For example, having single-sex facilities may place trans individuals at a particular disadvantage but this may be justified where the aim is to achieve privacy, dignity or safety and trans individuals have an alternative option to use, such as a mixed-sex or single occupancy facilities.

[14] www.legislation.gov.uk/ukpga/2025/36

- Victimisation is when a person is treated badly because they have made a claim or complaint about discrimination, or helped someone else to do so, or made an allegation of a breach under the Equality Act 2010 or done anything else in connection with the Equality Act 2010.or. For example, a trans person who had complained about transphobic discrimination then being unfairly targeted for redundancy.
- Harassment is unwanted behaviour that is targeted at a protected characteristic. A behaviour is considered harassment if it is offensive, violates a person's dignity and/or creates a hostile environment. This can include, for example, spoken or written abuse, physical gestures, facial expressions and images, as well as less direct provocations such as:
    - Repetitively and intentionally referring to someone with the wrong pronouns, title or gendered terms (known as misgendering).
    - Repeatedly using a previous name if the individual has changed their name (known as deadnaming).

The Equality Act 2010 and Protected Characteristics

The Equality Act 2010 applies in England, Wales and Scotland. It legally protects people from discrimination in the workplace and in wider society. The act sets out which personal characteristics are protected by the law and what behaviour is unlawful.

The protected characteristics under the Equality Act 2010 are:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy or Maternity

- Race
- Religion or belief
-
- Sex
- Sexual Orientation

It is important that your policy explicitly lists each of these characteristics and your commitment to preventing discrimination based on them. It is not appropriate to list only selected ones from the list.

The characteristic of "gender reassignment" is defined in the Act as: "if the person is proposing to undergo, is undergoing or has undergone a process (or part of a

process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex."[15]

It is important to note, that while gender reassignment is the term used in the Equality Act 2010, it is generally considered an outdated and inappropriate term. As such, it should only be used when referring directly to the Equality Act 2010.

This means that a person is protected under the 'gender reassignment' characteristic from the moment they have mentioned their idea to socially transition. For example, a person is protected if they ask to be called a different name or start to use different pronouns.

There is no requirement for them to have obtained legal gender recognition, or to have had any medical intervention, in order to be protected.[16]

Protection from discrimination under the 'gender reassignment' characteristic of the Equality Act 2010 includes non-binary people.[17]

There is also a principle called 'discrimination by perception' which means that a person is protected if they are discriminated against based on a protected characteristic, regardless of whether the discriminator's perception of them, in relation to that characteristic, is correct.

For example if someone incorrectly believes that you are trans and discriminates against you because of this, you will be protected from that discrimination under the Equality Act 2010.

There is a principle called "discrimination by association", which means discriminating against someone because of their connection with someone who has a protected characteristic – for example a family member, friend or colleague.

As with any other protected characteristic, it is important that people who are not trans or gender diverse look out for discriminatory language and behaviour as it can feel difficult to challenge discrimination if you are the victim, particularly if there is a power imbalance in roles.

It is important that you make sure your response to discrimination does not 'out' the individual who has been targeted. When issuing a response, you should not confirm or deny whether the person being discriminated against is trans or is just believed to be by the harasser.

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[15] Equality Act 2010. [Online] 2010 [Cited 2025 Feb]. Available from: https://www.legislation.gov.uk/ukpga/2010/15

[16] TransActual. The Equality Act 2010. [Online] [Cited 2025 Feb]. Available from: https://transactual.org.uk/equality-act/#:~:text=This%20means%20that%20trans%20men,to%20access%20women%2Donly%20spaces

[17] Taylor v. Jaguar Land Rover Limited. Employment Tribunal [1304471/2018], 2020. Page. 46.

Protected beliefs

Under UK anti-discrimination law, three types of belief are protected: religion, religious belief, and philosophical belief. This has been the subject of recent debate and developments concerning the trans and gender diverse community.[18]

Under the Equality Act 2010, people cannot be discriminated against for the beliefs they hold on gender and LGBTQ+ people. This includes gender-critical beliefs, that is: "the belief that sex is biological and immutable, people cannot change their sex and sex is distint from gender identity". However, importantly, this does not mean that they are automatically protected should they act on or promote those beliefs at the expense of others. This is particularly true if their actions themselves result in discriminatory or hostile behaviour.

The protection of beliefs does not outweigh the legal rights of others not to be discriminated against. This includes on the basis of sex or gender reassignment under the Equality Act 2010.

For example - A staff member may lawfully hold the belief that marriage should only take place between a man and a woman; but targeting a gay colleague by verbally articulating this belief every morning at their workstation, would almost certainly be harassment.

The Employment Appeal Tribunal has stated that protected belief "does not mean that those with gender-critical beliefs can 'misgender' trans persons with impunity". The tribunal also noted that acts of harassment and discrimination against trans people in the workplace are prohibited by the Equality Act 2010.

For example, while a staff member may legally hold gender critical beliefs, they are not permitted to act in a way that interferes with a trans person's right not to be harassed or discriminated against. For example, by deliberately, repeatedly misgendering a trans person, causing them distress.

Single-Sex Spaces

Single-sex spaces, particularly within healthcare, have been the subject of much debate. The information provided on this topic is often confusing.

The Equality Act 2010 sets out the law on this and the Equality and Human Rights Commission (EHRC) has produced an updated Code of Practice in force from August 2026 which provides detailed guidance on how the law applies to service

[18] Equality Act 2010. [Online] 2010 [Cited 2025 Feb]. Available from: https://www.legislation.gov.uk/ukpga/2010/15

providers, public bodies and associations and requires careful consideration by hospices.

The legal starting position is that if your hospice has multiple occupancy single-sex bays, rather than mixed-sex bays or single occupancy rooms, a patient should be offered the single-sex accommodation of their biological sex as default. For trans and gender diverse patients, a discussion can take place about the patient's preferences, e.g whether they would prefer the privacy of a single occupancy room if available.

It is for your organisation, as the service provider, to take the responsibility of identifying whether an exemption to this position might be appropriate. The Equality Act 2010 details the balance that must be struck in these situations, arguing that any action must be a 'proportionate means of achieving a legitimate aim'. This means that there may be situations where you need to balance both the interests of, and possible detriment to, the gender diverse person, against those of other service users.

Hospices ought to be working to ensure that, where they have single-sex spaces, such as multiple occupancy bays, provided it is reasonably possible, they have adapted or separate spaces available to trans and gender diverse persons e.g. gender-neutral toilets, bathrooms, single-occupancy bays. A trans person should not be left without any provision at all when it comes to facilities that everyone has to use e.g. toilets.

Question - What responsibilities do you have as a result of the Equality Act 2010?

Data protection

Asking about a person's birth-assigned sex where this is unknown

There may be circumstances under which you may ask about a person's biological sex, including when a person is accessing a single-sex space. However, whether this is lawful is case-specific and dependent on the circumstances and must be done in a proportionate way. There is further guidance on this in the updated EHRC Code.

It is important to be aware of the legal provisions protecting privacy in the contaxt of making such enquiries, including as follows:

If the patient does not have a Gender Recognition Certificate (GRC)

An individual's trans status is often "special category data" where ti amounts to or includes information about that individual's trans status (i.e. personal data that needs more protection because it is sensitive) for the purposes of the Data Protection Act 2018/ UK General Data Protection Regulation (GDPR). This is because it may reveal information about a person's health. Therefore, this

information should be treated with the same level of care as you would treat any other data about an individual's health.

Consent should always be sought before information relating to the patient being trans is shared in referrals and this information should only be shared where it is clinically relevant.

If the patient has a Gender Recognition Certificate

There are additional data protection restrictions around an individual's trans status if they have a Gender Recognition Certificate. All staff should be aware of their responsibilities around data protection including those mandated by the Gender Recognition Act 2004 (GRA). See Appendix for full details on the law.

If a patient holds a GRC and has told you so, it is almost always a criminal offence to disclose their transgender history without their consent. This is set out in the GRA. This includes sharing information with colleagues within the hospice, even within the same team. This would not stop you seeking advice, as long as the patient is not personally identified.[19]

Patients do not need to show a GRC in order for this law to be in effect.

Given this, it is essential to get a trans patient's written consent before sharing details about their:

Social transition.
For example, information about previous names or the gender they were assigned at birth.

Medical transition.
For example, information about hormones a patient is taking or whether they have had gender affirming surgery.

Addressing discrimination by patients or visitors

You may encounter a situation in which harassment and/ or discrimination is being carried out by a patient or visitor in your service. This can be a very difficult situation, and so it is important that you have policy in place, so that you are able to manage this if it occurs.

You must treat discrimination against trans staff and patients the same as any other discrimination, in line with your relevant policy. It is important that all staff understand this policy and feel able to communicate it to others.

[19] TransActual. The Gender Recognition Act 2004. [Online] [Cited Feb 2025]. Available from: https://transactual.org.uk/thegender-recognition-act-2004/

Discrimination from patients and visitors could target anyone at your hospice, including staff. It is important to remember that staff members can be vulnerable too. Everyone has the right to feel safe and respected in their workplace. As such, you should not minimise abuse against staff coming from a patient or visitor.

Many health and care providers take a zero-tolerance approach to discrimination or other unacceptable behaviour directed at their staff. This includes a 'graduated approach' where each instance of discrimination or otherwise unacceptable behaviour is dealt with proportionately. Under this framework, repeated instances incur more serious consequences.

Question - Do you know who in your hospice is responsible for writing policies that reflect the above? Would you know where to find your existing policies?

Beyond the policies

Outside of the policies themselves, there are a range of practical things you can do to ensure all who work in or use your services feel that they are in a safe space and are protected from discrimination.

For example

- It can be helpful to put together a short, accessible statement that clearly outlines your commitment to equality. Make this clearly visible online and at your physical sites. This helps to ensure people are aware of your policies and reassures them that they can hold you to account if they face discrimination, and that they can safely speak to you about discrimination.
- Your organisation can provide an anonymous, and easy to use, route for staff, volunteers, patients and visitors to raise concerns around discrimination of any kind.
- You can allow loved ones to give feedback on the care of a patient after that person has died. This will ensure that the death of a patient does not exclude your organisation from accountability.

Question - Are there other things that your hospice can do, or already does, to help everyone to empower people working in, or using, your service?

Workplace and staff support

At the end of this section, you will:

- Understand why all policies must use gender neutral language and be able to take steps to ensure this is the case.
- Understand the need for policy on gender affirming healthcare leave, and what this should include.
- Understand the need for parental leave policy to be as inclusive as possible.
- Have learned about accessible dress codes.
- Know how to find appropriate training on trans and gender diverse inclusion for all staff.
- Know how to support a colleague who is transitioning, particularly your line report.

To ensure you are meeting the needs of trans and gender diverse staff, there are some policies which you should give particular attention to. These policies are outlined in this section.

Leave for gender affirming healthcare

Gender affirming healthcare is where a person is proposing to undergo, us undergoing or has undergone the process of changing physiological or other attributes of their sex. All forms of gender affirming care are covered under the Equality Act 2010. It can include:

- gender affirming surgery
- appointments with a gender identity clinic
- appointments with an endocrinologist
- therapy and counselling.

Your organisation must, by law, treat leave for gender affirming healthcare the same as you would treat leave for any other medical reasonIt could be considered discrimination if, for example, you treated a trans or gender diverse person less favourably in relation to their absence for gender affirming health than where their absence was because of sickness or injury or their absence was for some other reason and it was not reasonable for them to be treated less fairly.

Staff are entitled to statutory sick pay for time off relating to gender affirming care. They are also entitled to the same level of respect they would receive if they were taking leave for any other reason.

The law, outlined above, describes the minimum that must be provided to trans and gender diverse staff. However, it is good to offer distinct paid leave for gender affirming healthcare. This is because when gender affirming healthcare leave is taken out of the normal allocation of sick leave, trans and gender diverse people have less sick leave available to use for health issues. Gender affirming healthcare leave should be recorded separately from sickness absence.

It is good practice for employers to discuss with transgender staff how much time they need in relation to the gender reassignment process and accommodate those needs in accordance with your normal practice and procedures.

You should ensure that such leave does not negatively impact on performance reviews.

We would suggest that you take care if gender reassignment absences are included as absence triggers under a sick leave policy or where the absence or other conduct related to gender reassignment could fall under your disciplinary policy.

It is a legal requirement to pay statutory sick pay for absence related to gender affirming healthcare. However, many employers are beginning to offer full pay for this leave, so you should consider this.

When a staff member returns to work at the hospice following gender affirming surgery, they may need reasonable adaptations to their responsibilities or a temporary reduction of hours.

Parental leave

Your policy should recognise and cover all the different parenting experiences people may have and use language to reflect this.

You can make the language of your policy more inclusive and warm with simple changes. One way to do this is to move from using third person sentences to second person sentences.

There are aspects of this policy which must contain gendered language. For example, statutory maternity leave forms will use gendered language that your organisation cannot amend. You must not edit these forms and instead simply provide an explanation that despite the language, they are applicable to staff of any gender who are pregnant. For example: Using the phrasing "If you are pregnant, you are entitled to…". instead of "When a woman is pregnant, she is entitled to…".

Legally, the right to 'maternity leave' extends to a woman who is pregnant or has recently given birth to a baby. Under the legal framework, the reference to a woman is a reference to an individual's biological sex, which means it applies regardless of the gender of the individual. Your policy should be written in a way which makes this clear. The same applies to the non-birthing parent, provided they meet the relevant criteria (e.g. length of service). The partner of a person who is pregnant or has given birth to a baby can access 'paternity leave'.

A staff member need not be the father or male to take advantage of paternity leave. They need only be the partner of the person who has given birth, an adopter or the intended parent of the child.[20]

Staff dress code

Dress codes which don't differentiate according to gender are the most accessible option. If there are different options of uniform, for example trousers or a dress, it is best that everyone can select whichever is most appropriate for them.

If your hospice has a gendered dress code and you are unable to change this, you should apply the dress code flexibly. Allow people to speak to the HR team about whether they would like to change which uniform they wear.[21]

Training for all staff and volunteers

It is important for the confidence of all staff and volunteers, and the safety of your patients, that everyone working at your hospice receives training on LGBTQ+ inclusion and care. This includes specific training on inclusion for trans and gender diverse communities. This should be offered to everyone in the hospice team, including clinical and non-clinical staff, trustees and volunteers.

.We would suggest this training is delivered by an LGBTQ+ organisation. Here are some things to think about when seeking training for yourself and your colleagues:

-
- Does the organisation have relevant experience in LGBTQ+ issues?
- Does this organisation share reviews/testimonies for their training?
- Has this organisation involved trans and gender diverse lived experience in their training?
- How long has this organisation been delivering training?
- Does this training cover the right range of information for your colleagues? Is it flexible to your needs?

Support when transitioning at work

[20] Working Families. Rights to family leave and pay for LGBTQ expecting parents. [Online] [Cited Feb 2025]. Available from: https://workingfamilies.org.uk/articles/rights-to-family-leaveand-pay-for-lgbtq-expecting-parents/

[21] UNISON. Trans equality model policy. [Trans equality factsheet] [Online] [2022] [Cited Feb 2025]. Available from: https://www.unison.org.uk/

Question – Whether you are a manager or not, how could you support a colleague who is transitioning?

Transitioning can be a very stressful time for a person and how it is handled at work is important. The individual's employer and manager should agree with them what is best for their individual situation, and how any formal changes to work and documentation will be needed. These conversations should cover the entire transition process and should be private and trusted.

Being prepared to support a colleague who is transitioning ensures your hospice is able to fulfil its obligations, as set out in the Equality Act 2010 and Gender Recognition Act 2004.

An employee who is transitioning may find it helpful to work with their manager or the HR team to clarify the actions that will be taken in the workplace. It may be helpful to do this by putting in place an action plan or agreeing a checklist.

Here is an example table that can be used, which raises areas you might want to consider:

Are there any temporary or permanent changes/ adjustments to the role which should be considered to support the employee? Considerations should include security aspects such as lone working, night working.

Is any time off required? If so, how will this be managed? How much time off might they need? What kind of time off is required? Will this be special leave? Will this leave be paid leave? (Consider flexible working methods, if appropriate.)

What will be the employee's title? Will there be changes to the name and pronouns the employee uses at the hospice? If so, what are they? When will the employee start using these? Will there be any phasing?

Is there any internal or external support that can be provided during and after the transition process?

What will the timeframe be to update the employees name/ personal details on all files/ systems/ physical signage?How will pre-transition records be appropriately dealt with? Bear in mind that pre-transition records and any information relating to a person's gender history will constitute special category data (under the UK GDPR and the Data Protection Act 2018).

Are there any dress codes to be considered? Are new uniforms needed?

If applicable, how will single-sex working requirements be managed?

If applicable, when and how should colleagues be informed of the transition, if at all? Does the trans or gender diverse employee wish for this to be on a need to

know basis or are they happy for their trans status to be public information (list of options not exhaustive)?

Is there any guidance material which the employee wishes to share with managers and colleagues?

Should the employee encounter unacceptable behaviour towards them (colleagues or service users), to whom should this be reported initially?

Are there any other actions not covered by above?

Is there an agreed date for when this action plan will be disposed of in accordance with the requirements of the Data Protection Act 2018?

Actions agreed:

Date of next meeting:

Who needs to know?

	Who will tell them?	When?	Date completed
Senior Manager			
HR Representative			
Line manager			
Team members			
Other colleagues			
Others (specify)			

What needs to be updated?

	Who will do this?	When?	Date completed
HR Records			
Name badge			
IT systems including email			

Website			
Voicemail			
Internet/intranet address entry			
Union membership			
Pension scheme			
Certificates/awards			
Personal files and related data			
Other:			

Recruitment

At the end of this section, you will:

- Know how to ensure job adverts are inclusive and accessible and highlight the best of your hospice.
- Understand the importance of anonymous recruitment.
- Know about the DBS sensitive applications route.
- Have considered how you present your organisation

Job adverts

When advertising roles at your hospice, consider how you can make your job adverts and application process accessible and welcoming to all, including trans and gender diverse people.

The considerations below can help to make your job adverts more inclusive:

- Include a statement of your commitment to equality in all job adverts, to ease some of the anxiety people may feel when getting in touch with your hospice.
- If your hospice has an LGBTQ+ staff network group, share this in job adverts.
- Emphasise from the outset that the hospice is an inclusive space, and that you expect any voluntary or paid team members to contribute to that. This is particularly important for any patient facing roles, including, but not limited to:
    - Reception team – often the first hospice staff someone will meet.
    - Chaplaincy – may provide sensitive personal support to a patient. Y
    - Clinical staff, such as Nurses and Doctors– may provide intimate care for the patient.
- Share and emphasise the central tenets of hospice care, such as;

- the importance of understanding and caring for the individual
- the importance of providing holistic care
- a focus on what the individual person wants, needs and values.

- Ensure your job adverts and descriptions use gender neutral language.
- Share any credentials that may show that you are affiliated to any inclusive employer platforms or forums.
- Advertise all roles in a range of spaces to ensure a diverse range of people see the opportunity – for example LGBT community job boards.

Anonymous recruitment

Through anonymous recruitment, candidates are assessed merely on their professional merits. If you are recruiting anonymously, is important to ensure the job advert indicates this clearly and that the panel and potential line manager is not privy to the candidates' identities.

Background checks

If you are based in England or Wales, the majority of roles in the hospice may require a DBS check to be completed.

The Disclosure and Barring Service (DBS) offers a confidential checking service for transgender applicants. This is known as the sensitive applications route and is available for all levels of DBS check - basic, standard and enhanced.

The sensitive applications route gives trans and gender diverse applicants the choice not to have any gender information or name information disclosed on their DBS certificate.

For more information on this service, and to contact the sensitive applications team, please visit www.gov.uk/guidance/transgender-applications.[22]

It is good practice to provide the option of a sensitive application to all applicants and mention this option in job adverts for roles that require a DBS. Many people may not know it exists and may be put off applying for a role if they believe they will have to reveal details about their pre-transition identity.

In Scotland, the Scottish Government provides guidance on how to go through the disclosure process with Disclosure Scotland if you are trans or gender diverse. This

[22] Disclosure and Barring Service. Transgender applications. [Online] 2022 February 10. [Cited Feb 2025]. Available from: https://www.gov.uk/guidance/transgenderapplications

guidance can be found at www.mygov.scot/ transgender-disclosure-application.[23] It may be useful to link to this guidance in your job adverts to support trans and gender diverse applicants.

AccessNI do not provide a specific sensitive application route, but individuals can contact AccessNI directly for advice or help with an application. Contact information for AccessNI can be found here: www.nidirect.gov.uk/contacts/accessni.[24]

How you present your organisation

People may search online for the hospice to see if it is an inclusive place. if the jobseeker can't find an equality statement or something else that makes them feel this a safe employer, it may have an impact on whether they apply.

Things you can do to signal that your hospice is a safe space could include:

- Ensure your equality statement is easy to find.
- Ensure your website and online presence reflects the wide range of people who may use your service. Everyone should be able to see themselves in your materials and relate to your marketing.
- Ensure your hospice's physical building is welcoming. When entering the building it can alleviate some anxiety to see evidence that LGBTQ+ people have been considered. For example, you may wish to consider displaying a progress pride flag, and/or a visible equality statement where appropriate in the context of your organisation, as part of a wider commitment to equality, dignity and respect for all.[25]

This should be the result of internal work to ensure your service IS safe, inclusive and accessible, including the policy, training and learning steps discussed in this document.

[23] mygov.scot. Information for transgender and non-binary disclosure applicants. [Online] 2023 March 20. [Cited Feb 2025]. Available from: https://www.mygov.scot/transgenderdisclosure-application

[24] nidirect. AccessNI. [Online]. [Cited Feb 2025]. Available from: https://www.nidirect.gov.uk/contacts/accessni

[25] + Pride Flag: https://www.vam.ac.uk/articles/theprogress-pride-flag?srsltid=AfmBOooE3pAkU0aMUw-Wz3yldba RPE80Ph4YXPdBKvZKYUMIiH24HPSZ

Caring for trans and gender diverse patients

At the end of this section, you will:

- Understand the heightened importance of privacy for trans and gender diverse patients.
- Understand the additional considerations to be made when prescribing for trans and gender diverse patients, and where to go for more detailed support.
- Understand good practice for completing death certificates for trans and gender diverse patients.

When interacting with patients and providing care, there are procedures and standards of practice that should be in place to ensure that any patient gets the best and most appropriate care. This section will cover how to make these procedures inclusive of trans and gender diverse patients.

Privacy

Privacy is important to everyone and can be particularly important to someone who is trans or gender diverse.

Some things to consider to maintain the privacy and dignity of a trans or gender diverse patient when providing patient-facing care include:

- Be conscious of who is present or can overhear your conversation with the patient. This is especially true when discussing aspects of their care that

might disclose their trans status. For example, their access to transition health care, or the need to catheterise.
    - This includes avoiding these conversations in front of their visitors and loved ones.
    - If the patient is on a shared bay, it might be best to have these conversations in a separate space within the hospice e.g. a counselling room, if the patient is well enough to move.
- When washing a patient or providing other private care, ensure that the door is fully closed and/or curtains around their bed do not have any gaps.
- Ensure patients are afforded privacy to complete personal care tasks, whether by themselves or with support of a care provider.
- Ensure a patient's trans status is not on documentation, or brought up in conversations between staff, unless it is clinically relevant to their care. For further information please see page y.
- If possible, ensure the patient understands who will see information about them that discusses their trans status.

Clinical care

This is NOT a clinical resource; we cannot offer clinical advice. Instead, this section shares some areas of care that you may need to consider when caring for a trans or gender diverse patient, and where you can seek additional information. You may want to contact your clinical body for guidance on some of the areas highlighted.

- When prescribing medication to any patient, it is important to discuss potential side effects with them. Often, particularly with palliative care medication, these side effects can impact a person's appearance, such as causing them to gain weight.
    - For a trans or gender diverse person, this can be particularly sensitive, as this can impact how they present their gender.

- When managing the medicine reconciliation for a patient on admission, it is best practice to ask several sources for information on the medication a patient is using.
    - When caring for a trans or gender diverse patient, it may be important to consider non-NHS sources of medication. Due to long wait times and difficulty accessing Gender Identity Clinics, many trans and gender diverse people may be receiving their gender treatment and support, through a private clinic or elsewhere. This could include their prescribed hormones.

- Information from these sources can sometimes be more difficult to get hold of. It is important to consider what extra steps you may have to take to ensure you have the right information and can continue the patient's hormone treatment.

- Trans and gender diverse patients in palliative and end of life care may wish to initiate or continue medical or surgical aspects of their transition.
  - You are not expected to be an expert on this specialism, but it is important to know where to refer someone for support.
  - The UK Cancer and Transition Service (UCATS) is a specialist service which provides support to the gender diverse community living with cancer. They now have a palliative care member and can provide specialist support, following a self-referral or clinician referral, to a patient with cancer, or a history of cancer, who is looking to start or continue their transition.[26]
  - You can also look for Gender Clinics local to you.

- When caring for a trans or gender diverse patient, it is important to understand any Gender Affirming Hormone Therapy (GAHT) they are on.
  - There is a variety of different delivery methods for this treatment. You may need to consider changing the delivery method if their original preferred method is not accessible for them due to their current condition.
  - GAHT can interact with treatments that a patient may take for their terminal condition or have an impact on their symptoms.
  - The World Professional Association for Transgender Health (WPATH) recommends health care professionals prescribing GAHT to monitor patients' endogenous and administered sex steroids.[27] This is so that they are safely maintained at levels appropriate for the treatment goals.
  - Stopping a patient's GAHT can be extremely harmful to them. It can, for example, cause significant gender dysphoria, induce a sudden and intense menopause, and/or worsen terminal agitation.
  - y For more detailed information on safe and inclusive prescribing for trans and gender diverse people, visit TRANS:cribing. This resource

[26] TransPlus. UK Cancer and Transition Service. [Online]. [Cited Feb 2025]. Available from: https://www. wearetransplus.co.uk/uk-cancer-and-transition-service/
[27] Coleman E. et al. () 'Standards of care for the health of transgender and gender diverse people, Version 8. Int J Transgend Health. 20

was developed in partnership between OUTpatients and the British Oncology Pharmacy Association (BOPA). [28]
    - If you have concerns or questions about how an individual's GAHT can be continued at the end of their life, seek advice from your local Gender Identity Clinic, or where appropriate, UCATs.

- It is important to not make assumptions about a patient's body and allow them to communicate what they need. Where possible, it is best to inform patients of the options available to them, so that they can tell you what they are most comfortable with. For example, providing bed pan/urinal options to patients.

- When catheterising a trans person, there is some variation on what catheter will be needed depending on whether the patient has had gender affirming surgery and if they have, what the surgery was.
    - A surgically constructed vagina is typically catheterised in the same way as a cisgender vagina, and a surgically constructed penis is typically catheterised in the same way as a cisgender penis. Following some gender-affirming surgeries, the entrance to the urethra may be located at either the tip or the base of the phallus.
    - It is appropriate to discuss with a patient where their urethral opening is for the purpose of catheterisation, and you should feel confident in doing so when needed.

Death certificates

Gender being recorded accurately in death certificates is something trans and gender diverse people often worry about. It can be seen as a last marker of respect from those that cared for them and can have significant impact on their grieving loved ones.

There is no legal requirement for the gender recorded on a birth and death certificate to be the same. It is important to know this if you are involved in filling out a patient's death certificate. Where sex is recorded on a death certificate, this should be listed as the gender the individual was living as at the time of their death.

[28] OUTpatients. TRANS:cribing: Clinical considerations for safe and inclusive prescribing for transgender and non-binary patients. [Online] [Cited 2025 Feb]. Available from: https://outpatients.org.uk/transcribing/

A Gender Recognition Certificate is not required for the accurate recording of a person's gender at death registration. However, a trans person with a GRC will usually have an updated birth certificate reflecting their gender identity, which should ensure their death certificate in completed accurately.[29]

Resources and connections

Here are some additional resources that you may find helpful, to further your learning and development.

It can also be helpful for yourself, your colleagues and your patients to know about what organisations, services and resources exist locally. Use the questions below to help identify these organisations and how you could work with them.

1. **Search online - What LGBTQ+ organisations are there in your hospice's local area/catchment? What do they do?**

2. **How could you connect with these organisations? What could you do to support each others work?**

3. **Would it be useful for patients and visitors to know about these organisations and their services? How can you share this information?**

Useful resources

OUTpatients - LGBTIQ+ Cancer Charity

[29] NHS Education for Scotland. Supporting LGBT+ people around bereavement: Death certification. [Online]. [Cited Feb 2025]. Available from: https://www.sad.scot.nhs.uk/ bereavement/supporting-lgbtplus-people-around- bereavement/death-certification/#

OUTpatients is the UK's only LGBTIQ+ cancer charity, led by and for LGBTIQ+ people affected by cancer. They provide support for people impacted by cancer, including regular peer support groups and free resources.

They provide information and guidance for care providers, including TRANScribing – information on safe prescribing for trans and gender diverse patients, and a provider pack which gives an overview of way to improve the LGBTQ+ inclusivity of a service.

UK Cancer and Transition Service (UCATS)
A service which a patient can self-refer to, or be referred to, that will work with the teams providing their gender care, cancer care and palliative care to help to make the best choices for them. This service is currently only available to those with cancer.

LGBT+ Consortium, and their Directory of Members
The LGBT+ Consortium is a UK-based charity that supports not-for-profit LGBT+ organisations and groups. Their Directory of Members allows you to search their list of LGBT+ organisations based on the services they provide and where they are based.

The Queer Funeral Guide
This guide provides information for queer people on making informed choices when planning a funeral. It can also be useful if you work with queer people who may be making these choices.

No Barriers Here - "It's more than just rainbows in receptions"
This was developed in response to an increased tendency for organisations to display the rainbow or progress flag as a sign of inclusivity, but without deeper thought or work. This co-produced resource includes the diverse voices of LGBTQ+ people who shared their experiences, views and opinions.

Stonewall
Resources for creating an LGBTQ+ inclusive workplace.

GIRES Being Ready project - www.gires.org.uk
The project was set up to address the needs of trans and gender diverse people during all stages of dying, death and bereavement, and develop evidence-based training for professionals.

Gendered Intelligence – Resources for professionals
A range of downloadable resources for professionals to improve their trans inclusive practices. CIPD guidance on supporting trans and gender diverse people at work A guide to support professionals in delivering transgender and non-binary equality, diversity, and inclusion (EDI) in the workplace.

Transactual
Trans health information for healthcare professionals. Clear online resources to inform best practice in healthcare settings.

Hospice UK – 'I just want to be me' Trans and Gender Diverse Communities Access to and Experiences of Palliative and End of Life Care
This report uses real-world experience to highlight the needs of these communities and sets out recommendations for what hospices and palliative care professionals can do to make end of life care more equitable and accessible for everyone.

Resources on LGBTQ+ bereavement support

- www.sueryder.org/grief-support/helping-you-cope-with-grief/lgbtq-grief
- www.widowedandyoung.org.uk/get-support/bereavement-support/specific-resources/ widowed-within-the-lgbtq-plus-community
- www.cruse.org.uk/understanding-grief/grief-experiences/grief-in-the-lgbtqia-community