

OP81

Same Sex (Gender) Accommodation Policy

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1.0 Policy Statement (Purpose / Objectives of the policy)

The purpose of this policy is to ensure that staff are aware and refer to national guidance / policy to maximise patient privacy and dignity, by ensuring patients experience same sex (gender) accommodation.

Following the NHSI paper on delivering same sex accommodation guidance this policy will align itself with these guidelines

Sleeping in the same room or bay as people of the opposite sex is upsetting and uncomfortable for some patients, creating additional anxiety at times of illness and is likely to impact on their recovery. It can also cause concern for families and carers of frail or vulnerable patient, and this can lead to a level of dissatisfaction and an increase in complaints relating to this aspect of care.

Should it be necessary to nurse patients of the opposite sex in the same bay, staff must ensure patients and / or their relatives understand the reasons for doing so, and that every effort is made to maintain the privacy and dignity of those affected.

Consideration must be given for patients, who lack capacity and as a result may not understand. (Please refer to C19 Mental Capacity Act (2005) Policy.

On occasion it may be necessary to nurse patients of the opposite sex together, this must be in a side room with ensuite facilities. This must only be considered for couples in a relationship and considered to be in the best interests of both parties. This must be discussed with the Matron and Head of Nursing, where this is the case a risk assessment must be undertaken.

This policy applies to all patients age 12 years+ who are admitted to the Trust. (For clarity - Adults, Child 12 years+ in paediatric areas and includes 16–17-year-old placed on Adult wards).

In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict-of-Interest Policy is to be considered the primary and overriding Policy.

2.0 Definitions

See Appendix 2 - Glossary/definition of useful terms

2.1 Typically, same sex (gender) accommodation is provided: through mixed wards within which men and women are accommodated in separate bays or rooms; same sex (gender) wards, where the whole ward is occupied by men or women only; or in single sex rooms.

2.2 Same sex (gender) accommodation means sleeping accommodation, bathroom and toilet facilities which patients and service users share only with people of the same sex (gender). It applies to all areas of hospitals, except where clinical need takes priority, or where it is in the interests of a group of service users to share and socialise together. Examples of exceptions to this are given in section 5.1.

2.3 Same sex (gender) accommodation also means that men and women must have

access to separate toilet and washing facilities, ideally within or next to their ward bay or room and clearly labelled male / female. They must not need to go through sleeping areas or toilet and washing facilities used by the opposite sex to access their own.

- 2.4** Department of Health guidance dictates that a bay is a single or multi-bedded sleeping area which is fully enclosed on three sides with solid walls. The use of curtains alone between bays does not constitute same sex (gender) accommodation, offering only limited privacy and confidentiality.
- 2.5** Clinical justification - it will be clinically appropriate in some situations for care to be delivered in a mixed area or urgent treatment to be given irrespective of same sex (gender) accommodation provision. Examples of this are given in section 5.1.
- 2.6** Trans-gender people (trans men- female to male and trans women- male to female) and (non-binary people) must be addressed and accommodated according to the gender in which they disclose, unless they specify otherwise. The accommodation needs of the patient will be discussed with and met as appropriate, with due regard to the needs of all genders.
 - 2.6.1** Patient's personal presentation might give an indication of their accommodation needs but the key guidance will come from discreet discussion with the patient. This applies to toilet and bathing facilities (except, for instance, that pre-operative trans people should not share open shower facilities). For additional guidance on transgender issues, staff may refer to guidelines [GDL10 Guidance and Statement of Intent for Transgender Inclusion](#).
 - 2.6.2** Healthcare professionals should discuss discreetly with patients which pronouns they are to be addressed by.
 - 2.6.3** This may not always accord with the physical sex appearance of the chest or genitalia. For many trans patients, surgery is not and will never be a consideration that they wish to consider.
 - 2.6.4** It does not depend on their having a gender recognition certificate (GRC) or legal name change. Staff should not request sight of GRC.
 - 2.6.5** Views of family members may not accord with the trans person's wishes, in which case, the trans person's view takes priority.
- 2.7.1** Where identity falls outside of male and female such as non-binary individuals, a discreet conversation should take place with the patient about the options available.
- 2.7.2** Some patients may have body modifying devices such as chest compressors or other pieces to enhance their image. Staff should be sensitive towards this and ensure there are changing facilities for them.
- 2.7.3** People aged 16 or over are entitled to consent to their own treatment. This can only be overruled in exceptional circumstances. Children under the age of 16 can consent to their own treatment if they're believed to have enough intelligence,

competence and understanding to fully appreciate what's involved in their treatment. This is known as being Gillick competent. Otherwise, someone with parental responsibility can consent for them. Please see [CP06 Consent to Treatment and Investigation Policy](#).

3.0 Delivering same sex accommodation in children's units

There are no exemptions from the need to provide high standards of privacy and dignity. It is recognised that for many children and young people, clinical need, age and stage of development may take precedence over gender considerations, and the mixing of sexes is reasonable. There is evidence that many young people find great comfort from sharing with others of their own age and often this outweighs concerns about mixed sex rooms. Washing and toilet facilities need not be designated as same sex as long as they accommodate only one patient at a time and can be locked. Decisions to use mixed sex accommodation for young people and children aged 12 years+ should be based on clinical, psychological and social needs. This approach should be conveyed to the child (if they are old enough to understand) and their parents/carer.

- 3.1.1** Privacy and dignity are an important aspect of care for children of all ages and young people.
- 3.1.2** Privacy and dignity should be maintained wherever children and young people modesty may be compromised.
- 3.1.3** The child or young person's preference should be sought and recorded
- 3.1.4** Where appropriate the parents/carer should be considered, but in the case of a young person, their preference should prevail.
- 3.1.5** Flexibility should be encouraged, for instance if patients wish to spend most of their day in mixed sex areas, but have access to same sex areas to sleep, this should wherever possible be accommodated.

3.2 Consideration for gender variant children

Gender variant children and young people should be accorded to the same respect for their self-defined gender as are transgender adults, regardless of their genital sex.

Where there is no segregation, as is often the case with children, there may be no requirement to treat a young gender variant person any differently from other children and young people. Where segregation is deemed necessary, then it should be in accordance with the dress, preferred name and /or stated gender identity of the child or young person.

In some instances, parents or those with parental responsibility may have a view that is not consistent with the child's view. If possible, the child's preference should prevail even if the child is not Gillick competent. More in depth discussion and greater sensitivity may need to be extended to adolescents whose secondary sex characteristics have developed and whose views of their gender identity may have consolidated in contradiction to their sex appearance. It should be borne in mind that they are extremely likely to continue, as adults, to experience a gender identity that is

inconsistent with their natal sex appearance so their current gender identity should be fully supported in terms of their accommodation and use of toilet and bathing facilities.

It should also be noted that, although rare, children may have conditions where genital appearance is not clearly male or female and therefore personal privacy may be a priority.

4.0 Mixed Sex Occurrence or Breach

- 4.1** A mixed sex occurrence happens during the placement of a patient within a clinical setting following admission, where one or more of the following criteria apply:
- 4.2** The patient occupies a bed space that is either next to or directly opposite a member of the opposite gender.
- 4.3** The patient occupies a bed space that does not have access to single-sex (gender) washing and toileting facilities.
- 4.4** The patient must pass through or alongside sleeping accommodation designated for occupation by members of the opposite sex (gender) to gain access to washing and toileting facilities.
- 4.5** Where no clinical justification exists or where a clinical justification applied is no longer appropriate.

5.0 Accountabilities

This policy applies to all staff employed at the Trust on a substantive or temporary contract including bank, agency, and locum staff.

5.1 Clinical Capacity Managers

The Clinical Capacity Manager/Capacity and Patient Flow must be fully conversant with the Same Sex (gender) Accommodation Policy being able to apply the principles to clinical practice. They are responsible for highlighting the pattern of admissions working in conjunction with the ward teams to ensure where possible that the correct sex beds are available within the correct speciality wards.

5.2 Divisional Healthcare Governance Manager

Will notify the Head of Information by 5th each month of any breaches from the preceding month.

5.3 All staff members

Are responsible for ensuring that their attitudes, actions, behaviour and communications are consistently in line with the principles of this policy to ensure patient privacy, dignity and respect is always maintained.

Are responsible for alerting line managers where patient privacy, dignity and

respect have been compromised so that immediate action can be taken to rectify this.

5.4 Senior Sister/Charge Nurse / Shift Lead

The Senior Sister/Charge Nurse/ shift leads are responsible for ensuring that the privacy and dignity of patients is always maintained and that all options are utilised to prevent a breach. Ensure any mixed sex (gender) accommodation breach is recorded in the patients' healthcare records by the nurse in charge of the patient's care and the occurrence reported on Datix. Liaise with the Capacity and Patient flow team to assist in resolving the breach. Escalate the breach to the Senior Matron Capacity & Patient Flow who will lead the investigation into the breach. Liaise with the Trust Safeguarding Team for support. Document compassionate engagement with the patients impacted by the breach. Undertake Duty of Candour if applicable.

5.5 Senior Matron Capacity & Patient Flow

Complete audit tool on InPhase within a maximum time frame of 24 hours of a single sex accommodation breach. This may be delegated as appropriate. The audit results will be fed back to the relevant Senior Sister and Matron.

5.6 Matron, Senior Matron/ Deputy Head of Nursing

Review Datix, and audit tool on InPhase and inform Head of Nursing, outlining plans to resolve same sex accommodation breach. If operational plans require review in light of the breach the Matron/Senior Matron/Deputy Head of Nursing is responsible for overseeing this process ensuring that if relevant, organisational learning is progressed and relevant teams are informed. The Matron/Senior Matron/Deputy Head of Nursing is required to quality assure the information before forwarding to the Divisional Head of Nursing.

5.7 Divisional Head of Nursing

The Divisional Head of Nursing will review the breach, and actions that have been identified. Where there are queries related to a particular breach the Divisional Head of Nursing will liaise with the Divisional Healthcare Governance Manager. Undertake a six-monthly review of InPhase for new themes and escalate significant themes to the Chief Nursing Officer. Include any themes identified on InPhase along with the actions taken in the Divisional QSOG/TMC report.

5.8 Chief Nursing Officer / Deputy Chief Nursing Officer

The Chief Nursing Officer/Deputy will review the Divisional breaches and included in the Chief Nursing Officer report to the Trust Board.

6.0 Policy Detail

- 6.1** Department of Health guidance is that male, female, or trans male / female non-binary patients will not be nursed in a mixed bay, unless when it is recognised that clinical need takes priority over the need for segregation in the following excluded areas:

6.1.1 Exclusions:

Integrated Critical Care Unit (ICCU) and Surgical Enhanced Care Unit (SECU, C26 patients receiving NIV treatment) Hyperacute beds within the Acute Stroke Unit (ASU), where patients are housed there for clinical reasons, are not considered as a breach. High dependency patients in ICCU & SECU who are awaiting a ward bed are classified as a same sex (gender) breach at 4 hours (**clinically ready to proceed**) post decision to transfer out (see [appendix1](#)).

- 6.1.2** Areas undertaking very minor procedures, including diagnostics, where patients are not required to undress or be otherwise exposed.

- 6.1.3** All patient nursed in Same Day Emergency Care (SDEC) will be excluded but consideration must still be given to patient's privacy and dignity. Children and young people receiving care within PAU will also be excluded until the decision to admit has been identified.

- 6.1.4** Renal dialysis units, where patients ordinarily remain fully dressed. Renal dialysis patients are offered a choice of segregation and this choice is recorded in their care records. Patients receiving in-patient dialysis (usually wearing night clothing) or are exposed due to dialysis access are within the scope of this policy and same sex (gender) arrangements must be made, unless the patient has declared a preference otherwise.

- 6.1.5** Same Day Discharge Centre (SDDC), where patients await transport home and may be in a mixed waiting area.

7. With the exception of the exclusions listed, all adult inpatients will be nursed in same sex (gender) accommodation.

- 7.1** Staff must make every attempt to prevent admitting male and female patients to the same bay. Agreement to breach this standard will only be taken by the Directorate Management Team [in hours] and on-call manager [out of hours] in exceptional circumstances such as major incident.

- 7.2** Should it be necessary to breach this standard the patients and / or their relatives must understand the reasons for doing so and that every effort is then made to maintain the privacy and dignity of those affected. In all these instances steps must be taken to physically segregate the male and female patients by the use of temporary screens, to improve the privacy and dignity of patients. Where a patient expresses concern or unwillingness to be nursed in mixed sex accommodation, every effort must be made to accommodate that patient in same sex (gender) accommodation.

- 7.3** Clinical areas accommodating extra capacity beds must take account of the principles of this policy and ensure sufficient sleeping and bathroom areas are available to ensure compliance.

8. Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
6	Other comments There are no requirements for additional capital funding in support of this policy, nor ongoing revenue resource. However, the principles of this policy must be incorporated into any clinical area re-design or new build schemes.	Yes

9. Equality and Diversity Risk Assessment

The completion of the equality impact assessment screening tool does not identify any adverse effect for the following equality groups: age, race, disability or religion and belief. The policy specifically recognises gender and trans gender equality groups.

10. Maintenance

The policy will be kept up to date through the central governance monitoring process and any changes or recommendations will be via the Trust Management Team.

11. Communication and Training

Trust wide notification of the availability of this policy will be communicated from the central governance team and cascaded via the Divisional Governance Managers and Departmental Heads not covered by the Divisional Structures. Awareness of the policy will be introduced at local induction and distribution of updated policy to on-call managers and directors, and Capacity and Patient Flow members.

12. Audit Process

Senior Matron for Capacity and Patient Flow to complete audit tool on InPhase. Breaches to the policy must be isolated incidents and be reported via the DATIX system. This requires details of ID's of not only the patient(s) that breached but also the patient(s) who have been affected by the breach. Divisional Healthcare Governance Managers will inform the Head of Information by 5th of each month of any breaches that occurred in the preceding month. Numbers of patients breached will always be more than one because more than one patient is always affected.

The Head of Information completes a monthly central return to the Department of Health via UNIFY2, whereby each Trust is required to outline details of the number of MSA (Mixed Same Sex Accommodation Breaches) by CCG. Secondly, the information is used for contracting purposes. Details of the patient, who breach, alongside details of other patients who have been affected by the instance of breach, are required to be submitted to the relevant commissioners in order to process any stipulations/penalties which are defined within the agreed contract arrangements.

Performance monitoring of the audit outcomes will occur within the Divisional reporting structures, reported monthly to the Chief Nursing Officer.

Qualitative data will be gathered to measure the effectiveness of this policy via:

- DATIX reporting [trends from incidents, PALS concerns and complaints]
- InPhase [themes identified from audit tool]
- Family & Friends Test
- National Annual Inpatient Survey

Criterion	Lead	Monitoring method	Frequency	Committee
Number of breeches in same sex (gender) accommodation	Senior Matron for Capacity and Patient Flow Divisional Heads of Nursing	Audit tool on InPhase Reported via DATIX	Following incident breach Per calendar month	Themes reported through Trust Management Committee. Quality Safety Assurance Group. Divisional Governance.

13. References

British Association of Critical Care Nurses (BACCN). (2009) - Standards for Nurses staffing in Critical Care.

Care Quality Commission Regulation 10 Dignity & Respect (2019) – Brief guide 27:

Assessment of same sex (gender) accommodation Version 3

Department of Health (2007) Privacy and Dignity – A report by the Chief Nursing Officer into mixed sex accommodation in hospitals.

Department of Health (2007) Transgender experiences – Information and support for trans people, their families and healthcare staff.

Department of Health (2010) – CNO letter – Eliminating Mixed-sex accommodation.

NHS England – (2021) NHS System Oversight Framework 2021/22

Department of Health (2009e) – The Story So Far: Delivering Same–Sex Accommodation – A Progress Report December 2009. Archived

NHS England (2022) - NHS Standard Contract 2022/23 Service Conditions (Full Length)

Department of Health and Social care (2021) – White paper- Integration and Innovation: working together to improve health and social care for all.

[Department of Health Literature Project \(2014\) – Gender Identity Research & Education Society \(gires.org.uk\)](https://www.gires.org.uk/departments-of-health-literature-project) available at: <https://www.gires.org.uk/departments-of-health-literature-project> Last accessed 15/06/2022

Department of Health (2008)- Trans: A practical guide for the NHS

GOV,UK (2019) -The NHS long-term plan version 1.2 with corrections (August 2019)

NHS England 2019 - Monthly Mixed-Sex Accommodation Return: Collection Guidance 1.5

NHS England (2019, update 2025) – The NHS Long term plan.
<https://www.longtermplan.nhs.uk>

NHS England (2019, updated 2025) - Delivering same sex (gender) accommodation (including annex B: Delivering same-sex accommodation for trans people and gender variant children) <https://www.england.nhs.uk/long-read/delivering-same-sex-accommodation>.

NHS England (2022) Consent to treatment. (Children and young people consent to treatment)

NHS England (2024) – Principles for Assessing and Managing Risks Across Integrated Care System.

RCN (2008) Defending Dignity

Royal College of Physicians (2023) New National Clinical Guideline for Stroke.

Part A - Document Control

Policy number and Policy version: OP81 Version 6.0	Policy Title Same sex (gender) accommodation policy. (note name change from single-sex)	Status: FINAL		Author: Head of Nursing Division 1 Director Sponsor: Chief Nursing Officer
Version / Amendment History	Version	Date	Author	Reason
	1.0	Nov 2008	Divisional Nurse - Surgery	New Policy
	2.0	Jan 2012	Divisional Nurse - Surgery	Routine review due
	3.0	June 2015	Acting Divisional Nurse - Surgery	Routine review due & ICCU standards 2013
	4.0	March 2019	Associate Chief Nurse	Routine review due
	5.0	May 2022	Head of Nursing, Division 1	Extension until August 2022
	6.0	August 2025	Head of Nursing Division 1	Routine review due
Intended Recipients: Heads of Nursing, Matrons, Senior Sister/Charge Nurses, all on-call managers and directors, clinical capacity managers.				
Consultation Group / Role Titles and Date: Matrons – June 2025 Nursing, Midwifery, Health Visiting and Allied Health Professional Leaders Group – July 2025 Chief Nursing Officer - July 2025 Deputy Chief Nursing Officer July 2025 Senior Matron, Capacity and Patient Flow Matron – February 2025 Senior Matron, Children's Acute Services – February 2025 Equality Diversity and Inclusion Lead – February 2025 Patient Experience Team – July 2025 Chair of LGBTQ+ Employee Voice Group – April 2025 Interim Head of Safeguarding – February 2025 Performance Support Manager - Information – March 2025 Group Patient Safety Specialist – February 2025				
Name and date of Trust level group where reviewed		Trust Policy Group – October 2025		
Name and date of final approval committee		Trust Policy Group – October 2025		
Date of Policy issue		October 2025		

Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	3-yearly (October 2028)
Training and Dissemination: Trust wide notification of the availability of this updated policy will be communicated from the central governance team and cascaded via the Divisional Governance Managers and Departmental Heads not covered by the Divisional Structures. Dissemination via Heads of Nursing meeting (for Matrons) on-call managers and directors distribution lists, and at Trust induction to all new starters.	
Publishing Requirements: Can this document be published on the Trust's public page: Yes If yes you must ensure that you have read and have fully considered it meets the requirements outlined in sections 1.9, 3.7 and 3.9 of OP01, Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines , as well as considering any redactions that will be required prior to publication.	
To be read in conjunction with: N/A	
Initial Equality Impact Assessment [all policies]: Completed Yes Full Equality Impact assessment [as required]: Completed Yes	
Monitoring arrangements and Committee	Compliance is monitored internally, reported monthly through Division to Director of Nursing. Externally, monthly returns & reporting via Head of Performance. Policy Committee.
Document summary/key issues covered. The above policy is a routine review of a previously agreed policy: The purpose of this policy is to ensure that staff refer to national guidance / policy to maximise patient privacy and dignity, by ensuring patients experience same sex (gender) accommodation	
Key words for intranet searching purposes	Same sex accommodation Same sex (gender) accommodation Single sex accommodation Mixed sex accommodation Transgender accommodation Gender neutral accommodation Gender Variant Children
High Risk Policy? Definition: - Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. - References to individually identifiable cases. - References to commercially sensitive or confidential systems. If a policy is considered to be high risk, it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee.	No

Appendix 1

Integrated Critical Care Unit (ICCU)

Escalation procedure to avoid Same Sex (gender) Accommodation (SSA) breaches

To be added as an addendum to the Same Sex Accommodation Policy (OP81)

This escalation procedure will be initiated by the Band 7 Floor Leader

1. As part of the daily bed meeting on ICCU at 8.45am, patients are identified as potentially clinically fit for discharge or transfer to another base Ward in the Trust.
2. Following the bed meeting, the Nurse in Charge telephones the Capacity Team to inform them of discharges and transfers for the day. This telephone call typically occurs at 9.15am and is a curtsey call to pre-empt the updating of the Safe Hands Board by the ICCU Team.
3. Patients who are deemed ready for transfer to another ward will have their transfer status updated on the Safe Hands Board which will also note the preferred ward for onward transfer (if appropriate).
4. Named nurse will ensure patient is dismantled, transfer paperwork completed, discharge summary completed, and documentation is completed and filed appropriately. It is at this stage that the "ready to Move button" will be pressed and the clock is started. This is when all medical devices have been removed from the patient and all necessary documentation completed as per the updated NHS Improvement and NICE guidance
5. Following consultant ward rounds throughout the day, any subsequent patients identified for transfer to a ward will follow the same process as identified above.
6. If the identified discharges are not possible within the 4-hour breach time due to capacity challenges within the trust, the Floor Leader must escalate the potential SSA breach to the Matron (or nominated Deputy) for ICCU.
7. Matron will inform the Deputy Chief Operating Officer (or nominated Deputy) for Division 1 and the Head of Nursing for Division 1 of the potential SSA Breach.
8. If the SSA breach has occurred, this should be reported via DATIX in the usual manner by the Band 7 Floor Leader.
9. The Breach will be added to the Audit tool on InPhase by the Matron (or deputy).
10. In accordance with NICE guidelines (CG50 1.14), NO patient will be transferred out from Critical Care Unit between the hours of 22:00-07:00. Any unjustified breaches at 21:00hrs not transferred before 22:00hrs will stop the clock and resume at 07:00hrs. This is only reported as one breach.
11. Any patient receiving End of Life care should not be moved solely to achieve segregation. In this case a breach would be justified and there is no time limit. A side room will be utilised where possible. (NHS England 2019, NHS Improvement 2019).

Appendix 2

Glossary/definition of useful terms

Cross-dresser

The term 'Cross-dresser' refers to people who choose to wear clothing usually associated with the opposite gender. Most people who are cross-dressers do not experience any discomfort with their gender identity and do not wish to transition their gender role. Nor do they usually seek modification of their bodies. The term 'transvestite' is associated with cross dressing, though some cross dressers would not identify as such and the term is not commonly used.

Gender / Cisgender

Gender consists of two related aspects; the person's internal perception of who they are is the 'gender identity'; the way the person behaves and lives in society and interacts with others is the *gender role or expression*. The term 'cisgender' applies to people whose gender identity at birth remains unchanged in subsequent life and which they (broadly) adopt.

Gender reassignment

Under the **Equality Act 2010 (EA10)**, a person has the protected characteristic of *gender reassignment* if they are proposing to undergo, are undergoing or have undergone a process (or part of a process) for the purpose of reassigning their sex by changing physiological or other attributes of sex. This is a personal process that may involve medical interventions such as counselling, psychotherapy, hormone therapy or surgery, but does not have to.

Gender Recognition Certificate (GRC)

The **Gender Recognition Act** provided for the legal recognition of the trans person in their 'acquired' (i.e. affirmed) gender and the opportunity to acquire a new "birth" certificate for their new gender. This is called a Gender Recognition Certificate and replaces the original birth certificate in all official documentation.

Gillick Competency

Applies mainly to medical advice, but it is also used by practitioners in other settings. For example, if a child or young person:

- would like to have therapeutic support but doesn't want their parents or carers to know about it
- is seeking confidential support for substance misuse
- has strong wishes about their future living arrangements which may conflict with their parents' or carers' views.

Medical professionals need to consider Gillick competency if a young person under the age of 16 wishes to receive treatment without their parents' or carers' consent or, in some cases, knowledge.

If the young person has informed their parents of the treatment, they wish to receive but their parents do not agree with their decision, treatment can still proceed if the child has been assessed as Gillick competent.

GRS – Gender Reassignment Surgery

Surgery to change gender. An individual must complete live continuously in the gender role that matches the intended gender identity for 12 months before undergoing genital surgery. Some other procedures, such as chest surgery may be undertaken before this stage, and others after, according to the needs of the individual undergoing reassignment. Surgery is not obligatory to reassign gender.

Transsexual

An adjective that describes people whose sex, as registered at birth, is not congruent with their current gender identity. Usually, people respond to their discomfort by undergoing a personal process of gender reassignment to bring their outside characteristics and their gender expression, in line with their gender identity. The word transsexual is not often used by people who may be so described, because they prefer the terms ‘trans’ or ‘transgender’. Those that have completed the process may regard themselves as men or woman, having resolved the conflict between their gender identity and gender expression.

Also used by **EA10** to define people who fall within the definition of those people with the protected characteristic of gender reassignment (above).

Transgender (often abbreviated to ‘trans’)

This is often used as an ‘umbrella term’ to include all people who experience gender dysphoria and express this in some way. *Transgender* includes transsexual people but is much wider to embrace a wide variety of gender expression including those who have no intention of permanently changing gender role and may use a variety of self-descriptions, such as poly-gender, pan gender, gender queer. A few do not identify as either men or women and are non-gender.

Trans Man

A trans man is a person who was registered female at birth, but who identifies as a man. FtM (female to male) is convenient, but rather impolite shorthand

Trans Woman

A trans woman is a person who was registered male at birth, but who identifies as a woman. MtF (male to female) is convenient, but rather impolite shorthand

Appendix 3

Process following breach of single sex (gender) accommodation

