
Equality, Diversity and Inclusion 'LGBTQIA+ Community, Pronouns and Trans & Non-binary Awareness' Training Report

18th & 25th July 2024

The King's Clinical Research Facility (CRF) hosted two in-person half-day equality, diversity, and inclusion (EDI) training sessions on the topic of 'LGBTQIA+ Community, Pronouns and Trans and Non-binary Awareness' in July 2024. Half of the CRF staff attended each session, whilst the other half covered clinical duties for the day. The session offered all a chance to learn about the holistic sexual health, mental health and wellbeing services available at the trust for trans people and to gain a greater understanding about pronouns and language used by the community. 23 CRF staff members attended; 2 staff members from CliniQ (<https://cliniq.org.uk>) and 1 EDI staff member from the Trust delivered the training session.

The rest of this report details the content of the EDI training session and conclusions about the event.

Please note the presentation slides for the session were reviewed and improved by 4 public members. Their ideas, suggestions, and the changes we made can be seen in a 'you said, we did' document in Section 3 of this report. If you would like to see a final copy of the presentation slides, please email: catherine.harvey15@nhs.net

Section 1: EDI training session details and costs (pages 2-3)

Section 2: Conclusions (page 4)

Section 3: Public members' suggestions – 'you said, we did' (pages 5-8)

1. EDI training session details

Hosted by: Steffan Gough (EDI staff) and CliniQ staff

Participants in attendance: 23 CRF staff members (across both sessions), 1 EDI staff member (across both sessions), and 2 CliniQ staff members (across both sessions). Costs included payment for the PPI members in recognition of their time reviewing and improving presentation slides (total = £200).

All CRF staff members joined in person.

Session	Facilitator(s)
Welcome	Steffan Gough
Introduction to CliniQ and the services on offer for trans people at King's College Hospital	CliniQ
Understanding terminology <ul style="list-style-type: none"> - Key terms - Pronouns and their importance and impact - Using gender-neutral language 	Steffan Gough
Group discussion and case studies	All
Thank you and close	Steffan Gough

Introduction to CliniQ

CliniQ staff members joined the session remotely to speak about CliniQ (<https://cliniq.org.uk>) and the inclusive services that are available to all transgender, trans and non-binary people. CliniQ is in the Caldecot Centre at King's College Hospital, Denmark Hill. Services include:

- Sexual health
- Contraception
- HIV testing
- PrEP (Pre-exposure prophylaxis to reduce the risk of getting HIV)
- Referral into HIV care and support
- Cervical smears for anyone with a cervix
- Hormone injections and hormone blood tests
- Mental health support

Understanding terminology

Steffan Gough continued the session by speaking about some key terms, such as sex, gender, gender identity, and gender expression. Definitions of these terms can be found below:

1. **Sex:** The classification of a person as male, female, or intersex. This is assigned at birth and more often than not is based solely on the physical and anatomical markers which can include the baby's genitals, chromosomes, gonads, and sex hormones.
2. **Gender:** An umbrella term and refers to the characteristics of femininity and masculinity that are socially constructed. These include 'norms', roles, and relationships. Genders can

vary between different societies and can be fluid or change over time. This means that our sex assigned at birth may not be the same as what our gender is.

- 3. Gender identity:** How a person feels internally. Gender is an infinite spectrum ranging from masculine to feminine, both or neither, and even other ideas. A person's gender identity will depend on where they feel they sit on the spectrum (if at all), and only that person can determine their identity.
- 4. Gender expression:** How a person outwardly displays their gender. This can include behaviour and outward appearance such as fashion and clothing, hairstyles, make-up, body language, and voice.

The training session also covered the importance of pronouns. For example, pronoun sets include, but are not limited to, she/her, he/him, they/them, Ze/Zir, and Xe/Xem. It is up to everyone to identify what their pronouns are, in the same way that people tell you what their name is. Steffan emphasised the importance of using someone's pronouns and preferred name, whether they are physically present or not. If you do make a mistake, apologise, correct the mistake and move on. It is essential not to make the person you have misgendered feel awkward or responsible for comforting you about your mistake.

Calls to action for staff included:

Adding your pronouns into email signatures

Introducing yourself and your pronouns in meetings

Adding your pronouns to 'Hello my name is...' badges

Reading and implementing the Trust Supporting Trans and Non-binary staff and patient policies

Joining the LGBTQIA+ King's and Queers staff network as a member and/or ally

Case studies

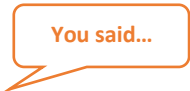
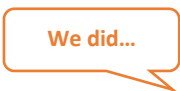
Attendees were shown two complaints/case studies from trans patients at King's College Hospital. The group discussed their thoughts about the complaints and evaluated them considering the King's Trans and Non-binary Patient Guidance Policy. The content of the complaints included being misgendered and staff consistently using the individual's deadname. Deadnaming is when you call someone by their birth name after they have changed their name. This term is often associated with trans people who have changed their name as part of their transition.

2. Conclusions

The EDI training session was a welcome opportunity for CRF staff members to learn more about the trans community, both from those who are part of the community and those who are allies. We made sure there was time for discussion and encouraged any and all questions. For this training in particular, it was important to create a relaxed and psychologically safe environment. The in-person training was well attended, and we are looking to hold an informal follow-up session to answer questions that have arisen since.

The PPI members' involvement in reviewing and improving the training slides was essential. Their questions about pronouns and allyship helped us to make the content clearer and more accessible for staff members from varied backgrounds and cultures.

3. You said, we did

King's CRF EDI Training Materials 'LGBTQIA+ Community, Pronouns and Trans and Non-binary Awareness'	
	
Combined feedback on training slides, in chronological order	
1. Send a glossary of commonly used terms in the LGBTQIA+ community to all attendees ahead of the session. Have printed copies available on the day for people to refer to.	Cat Harvey (CH) sent an email with a copy of the glossary to all attendees beforehand. Printed copies were also available on the day.
2. Slide 5: consider adding different examples under 'gender expression'.	The wording has been changed to 'fashion and clothing, and hairstyles'. <i>Please note this is now slide 7 in the final version of the presentation.</i>
3. Slide 7: Re-word 'these assumptions aren't always correct and making an assumption (even if correct) sends a harmful message' to include the words ' may send a harmful message'.	The wording has been updated to include ' may send a harmful message' <i>Please note this is now slide 9 in the final version of the presentation.</i>
4. Slide 8: Provide an explanation of Ze/Zir and Xe/Xem pronouns, for example, the background, where this term comes from, and who uses it. Maybe include it in the glossary.	Steffan Gough (SG) verbally explained that the Ze/Hir and Ze/Zir pronoun sets come from the trans community as another gender-neutral pronoun set. It's up to each individual to decide which pronoun best fits them and their identities. Ze is typically pronounced like the letter Z. Hir is typically pronounced like the word "here." Zir is typically pronounced like "here" with a z in front <i>Please note this is now slide 10 in the final version of the presentation.</i>
5. Slide 9: suggested removing the bold on the sentence 'It's even more important if you are in a senior role within your team or organisation' as everyone is responsible for this.	The bold has been removed. <i>Please note this is now slide 12 in the final version of the presentation.</i>
6. Slide 11: suggested acknowledging that using they/them pronouns can be confusing to some when communicating.	SG verbally acknowledged this.

	<i>Please note this is now slide 14 in the final version of the presentation.</i>
7. Slide 11: queried whether it should be 'correctly' or 'correct'.	The team felt the grammar was correct, so this wording was not updated. <i>Please note this is now slide 14 in the final version of the presentation.</i>
8. Slide 12: consider asking verbally during the training if anyone has suggestions for any other gender-neutral language.	This was not done due to time constraints. <i>Please note this is now slide 15 in the final version of the presentation.</i>
9. Slide 13: suggested changing the word 'tempting' to 'it can be easy'. Emphasised the importance of when mistakes happen it is not about you, but about the misgendered person.	The wording has been updated. <i>Please note this is now slide 16 in the final version of the presentation.</i>
10. Slide 14: suggested signposting to active bystander programmes. Felt that letting someone know you are an ally could be seen as a performative action. Noted that we do not know how it would make the other person feel to be misgendered (in the example, it says 'I know that can be really hurtful'). It is our personal responsibility to talk to the person who misgenders.	The active bystander training, which was previously given to CRF staff by the EDI Team, was referred to here. <i>Please note this is now slide 17 in the final version of the presentation.</i>
11. Slide 15: asked whether the following video could be used? Perhaps between slides 12 and 13 or slides 13 and 14. Suggested video link: https://www.youtube.com/watch?v=qhBr4pO9Xlk	This extra video was not included due to time constraints.
12. Slide 16: highlighted that we should encourage people to genuinely respond to the video and express their feelings about it.	SG verbally encouraged this during the session. <i>Please note this is now slide 19 in the final version of the presentation.</i>
13. Slide 17: asked whether adding your pronouns to your email signature is a gentle nudge or something people should already be doing? Noted that during the training we could encourage people to think about what their pronouns are. Pronouns are not exclusive to the LGBTQIA+ community, and heterosexual people can select their pronouns too.	SG explained that adding pronouns to your email signature is encouraged, as it shows support for trans and non-binary colleagues and patients and eases their burden of needing to have a conversation about pronouns repeatedly.

	<p>https://www.nhsconfed.org/articles/w/hy-pronouns-matter</p> <p><i>Please note this is now slide 20 in the final version of the presentation.</i></p>
<p>14. Slide 18: suggested reshuffling these so that number 1 is 'correct use of pronouns', number 2 is 'be an ally and correct others', and number 3 is 'letting each individual decide their pronouns'.</p>	<p>The order was not updated.</p> <p><i>Please note this is now slide 21 in the final version of the presentation.</i></p>
<p>15. Slides 22 and 23: asked what will be discussed about the complaints/case studies? Will we ask everyone how the situation should have been handled? How they would have dealt with it? Suggested having two separate groups, and each group reviews one complaint. Each group can then feedback.</p>	<p>SG asked attendees how the situation should have been dealt with, and what they would have done. SG directed all to the Trust Trans and Non-binary Patient Guidance Policy to help when reviewing the complaints/case studies.</p> <p>1 case study was reviewed as a group, due to time constraints.</p> <p><i>Please note this is now slides 27-31 in the final version of the presentation.</i></p>
<p>16. Slide 24: suggested including the EDI team's email addresses and contact details for the King's and Queers group.</p>	<p>CH sent an email to all attendees after the session highlighting that the speakers would be very happy to hear from them with any questions or comments. The email addresses for SG and CliniQ were included.</p> <p>https://cliniq.org.uk/</p> <p>Contact details for the King's and Queers group were included on slide 22.</p>
<p>General comments:</p>	
<p>1. Noted that the glossary could be expanded.</p>	<p>Post-training we will add to the glossary based on feedback and terms that came up that were not defined. E.g. AFAB (Assigned Female At Birth) and Ze/Zir and Xe/Xem pronoun sets.</p>
<p>2. In general, should emphasize that habits take time to change, and acknowledge that all attendees come from different backgrounds and cultures.</p>	<p>This was verbally acknowledged and emphasized by SG at the beginning of the session.</p>

<p>3. The language used in the training slides is quite academic.</p>	<p>SG acknowledged verbally that some of the terms were very academic and/or specific to EDI work. He encouraged questions and clarifications as needed.</p> <p>SG also stated, 'The terminology used in this area is complex, changing, and can cause distress if not used appropriately'.</p>
<p>4. Asked whether everyone will know how to access Kingsdocs (which is signposted at various points throughout the training).</p>	<p>SG explained to all how to access Kingsdocs (via the King's College Hospital intranet).</p>