

MEMBER TOOLKIT

Supporting Transitioning Colleagues

"You are who you are. No one can tell you who you are but you. Whoever you know yourself to be, you are right." —*Maybe Burke*

Who is this guide for?

This guide is for anyone in a team or organisation who wants to understand how they can support transitioning colleagues in the workplace.

What does transitioning mean?

When a person's gender identity does not match their sex assigned at birth, that person transitions. Transitioning is commonly divided into three categories: legal, medical and social. Legal transitioning typically entails IDs and documents being updated through a legal process. Social transitioning typically entails people changing their social markers to affirm their gender. Such changes can include different name, different pronouns, different gender expressions. Medical transitioning entails people accessing healthcare such as hormone therapy and surgery to affirm their gender. A transitioning person may transition in one, some or all these ways. The process itself remains unique to the individual.

What is gender-affirming healthcare?

Gender-affirming healthcare, also known as transition-related healthcare, is vital healthcare for transgender people. The services under such healthcare broadly include the provisions of mental and physical healthcare, such as hormonal therapy, psychological interventions & counselling, and medical surgeries.

Why do people transition?

The internal sense of self for trans people does not align with the sex they are assigned at birth. Transitioning is a process which enables people to affirm their true gender and be their authentic selves. This can be achieved through social markers, linguistic markers, legal markers or anatomical markers. Evidence dictates that transitioning leads to better health outcomes for the trans community.

Why does this conversation matter?

- 1 in 5 transgender respondents *disagreed* that the financial services industry was inclusive for all gender identities (PPW)
- 1 in 4 transgender respondents *disagreed* that the financial services industry has an environment where LGBTQ+ people can be openly out (PPW)
- [55% of transgender](#) people have experienced *non-inclusive behaviours* in the

workplace.

- [70% of gender minority adults](#) report a *history of discrimination* at the hands of healthcare providers
- [25% of transgender people](#) report a history of being *denied services* by a healthcare provider
- [21% of trans people](#) *wouldn't report transphobic bullying* in the workplace and 12% of trans people have been *physically attacked* by customers or colleagues for being trans
- [65% of trans employees](#) *hid* their gender status at work

The 4 pillars of empowerment: Supporting transitioning colleagues at work

Organisations have a responsibility to support their transgender employees by creating an environment where they can safely transition. Below, we list 4 pillars that remain crucial to provide this support effectively.

1) Trans-inclusive Healthcare and Benefits

- a. Review and update health insurance/PMI plans to cover gender-affirming services including surgeries, hormonal support and mental health services:
 - i. Include details on specific services covered, like hormone therapy (injections, pills, patches), different types of surgeries (chest reconstruction, genital surgeries), mental health services for gender dysphoria, and pre- and post-operative care.
 - ii. Consider offering financial assistance programs to help employees with co-pays or uncovered costs.
- b. Communications: Clearly explain the policy benefits and T&Cs to avoid any confusion/misinterpretation by-
 - i. Developing clear, concise and jargon-free language for explaining gender-affirming healthcare benefits in company materials.
 - ii. Offering dedicated informational sessions or webinars for employees to learn more about the policy and ask any questions.
 - iii. Including testimonials from transgender employees who have used the healthcare benefits to showcase the positive impact.
 - iv. Maintaining points of contact who can help transgender employees navigate the policy.

2) A Psychologically Safe Work Environment

- a. Anti-harassment policy: Review, develop and/or update non-discrimination policies focused toward creating a psychologically safe workplace for transitioning employees. This can be achieved through-

- i. Clearly defining gender identity and expression as protected characteristics under the policy.
 - ii. Outlining specific examples of unacceptable behaviour for further clarity, including harassment based on someone's gender identity or expression.
 - iii. Ensuring clear, accessible and safe reporting procedures for employees experiencing harassment.
- b. Gender-neutral bathrooms: Ensure that a proportionate amount of gender-neutral bathrooms exist in the workplace with easy access. Take measures such as-
 - i. Conducting a workplace assessment to determine the number and location of gender-neutral bathrooms needed.
 - ii. Ensuring such facilities are well-maintained and accessible to all employees.
- c. Pronouns and inclusive language: Ensure that colleagues adhere to the usage of preferred pronouns for all. Organisations can-
 - i. Implement a system for employees to easily update their preferred name and pronouns in company directories and systems.
 - ii. Encourage colleagues to introduce themselves with their pronouns to normalise the practice.
 - iii. Provide inclusive language training for managers and all staff to ensure respectful communication.
- d. Flexible working: Transitioning can be a period of distress for many trans people. Flexible working can make this process easier. Organisations can-
 - i. Redress workplace policies to accommodate for flexible working practices to ease the process for transgender employees.
 - ii. Make reasonable allowances in digital work interactions such as letting transitioning people keep their cameras off.
- e. Employee Resource Groups: Trans colleagues can use ERGs as another pillar of support.
 - i. ERGs can offer a safe and inclusive space for trans employees to connect, share experiences, and build community.
 - ii. ERGs can act as advocates for trans employees, working with company leadership to develop and implement trans-inclusive policies and practices
- f. Dress code policy: Ensure that dress code policies are not rigid and are inclusive of all gender expressions
- g. Mentoring: Establish an internal mentoring program or provide formal access to [external mentors](#) that a transitioning employee can trust and respect in order to feel psychologically safe.

3) Managerial Support

- a. Confidentiality: Do not disclose any details about your employee's transition unless they clearly indicate they are comfortable in you undertaking this disclosure.
 - i. Develop a clear protocol for handling an employee's privacy regarding their transition.
 - ii. Only disclose information with the employee's explicit consent.
- b. Education and Training: Senior leaders should sponsor training and awareness initiatives for their teams to foster an inclusive culture. For example-
 - i. Mark pertinent calendar days with training and/or other forms of engagement. (Transgender Day of Visibility, Transgender Day of Remembrance etc.)
 - ii. Provide training programs for managers and employees on transgender identities and best practices for supporting transitioning employees.
 - iii. Encourage managers to create open communication channels where employees feel safe discussing their transition needs.
- c. Time off: A transitioning employee should be afforded time off as and when they require. This can be achieved by-
 - i. Developing a clear and inclusive policy for time off for medical appointments or recovery related to gender-affirming care.
 - ii. Considering offering paid time off or flexible use of existing leave policies.

4) A Culture of Allyship

- a. Enabling a culture where the transitioning employee feels psychologically safe and respected is crucial. Some allyship practices are briefly outlined below:
 - i. Practicing the usage of inclusive language and addressing internal biases.
 - ii. Active listening to engage with the colleague in a sympathetic and empathetic way.
 - iii. Intervening in conflict or microaggressions to avoid being a bystander.
 - iv. Educating others on different forms of transitioning and encouraging knowledge-sharing practices
 - v. Using your platform to shine a light on trans identities and lived experiences.
 - vi. Supporting pay equity for trans colleagues. According to US [2021 data](#), trans women are paid 60 cents for every \$1 earned by the

average American worker. Trans men are gender diverse individuals are paid 70 cents for every \$1 earned by the average American worker.

For more information on impactful allyship, download LGBT Great's authentic allyship guide [here](#).

Common myths and misconceptions about transitioning and gender-affirming care

In this section, some commonly held misconceptions around transitioning and gender-affirming care are debunked using empirical evidence.

MYTH: Gender-affirming healthcare is experimental and unproven

REALITY: The effectiveness of gender-affirming healthcare has been evidenced in extant literature over the years and its access has been deemed crucial by [peer-reviewed studies](#). It is a form of healthcare that remains of utmost importance and has been [particularly linked](#) with significantly improved mental health outcomes for trans people. The first recorded gender-affirming medical surgery was successfully conducted in Germany by Dr Hirschfield in 1931 on Dora Richter.

MYTH: Most people who transition regret it later in life

REALITY: This is a common misconception. Data shows that nearly [97%](#) people are happy with their decision to transition. Other studies conducted in [Sweden](#), [Netherlands](#) and the [US](#) also evidence overwhelmingly positive effects and miniscule regrets around transitioning. In fact, research also indicates [82.5%](#) of the people who detransitioned stated at least one external factor (such as discrimination and stigma from friends and family) as a reason.

MYTH: Transitioning is just a trend

REALITY: Trans people have existed in a multitude of cultures since times immemorial. Texts dating older than 2000 BC note that priests of the Sumerian goddess Inanna were transgender. Other prominent examples include the Dogon tribe, the Amaharans, the Otero, the Hijras, and the Watashi. Contrarily, trans people have only been actively and systematically persecuted since colonialism and its impositions on legal systems. Before colonisation, a binary doctrine of gender existed but was not enforced as common practice. As trans people gain liberty and protections, the community feels safer to come out and be their authentic selves. Therefore, the "trend" is a result of expanded protections and societal destigmatisation over time.

How can LGBT Great support you further?

Supporting transgender employees involves active and sustained effort organisationally and individually. Combining a diverse workforce with an inclusive work culture can improve productivity and enable your organisation to attract and retain top-tier gender-expansive talent. LGBT Great offers a range of training sessions exploring trans & non-binary identities as well as transformational strategies to equip your organisation to enable an inclusive culture for all. At LGBT Great, we believe that when your people prosper, everyone thrives. For more information, please get in touch today at members@lgbtgreat.com.

Appendix:

The Cass Review

What is the Cass Review?

The Cass Review is an independent Review of Gender Identity Services for Children and Young People, commissioned by NHS England. It sets to understand how the current clinical approach and service model for gender identity services for young people can be improved. It is aimed at commissioners and providers of gender identity services for young people.

Implications of the Cass Review on the workplace

The Cass Review's publication has fuelled unscientific anti-trans sentiment. It is crucial to address such misconstrued sentiment to ensure employees remain well-informed and ensure that trans colleagues are not discriminated on its basis. Firstly, the Cass Review's scope is limited to gender-affirming healthcare for minors, hence it remains regressive to connect healthcare for minors to trans employees who are adults. Secondly, the Cass Review's veracity has been questioned by scholars and researchers due to its methodological flaws and biases which are explained further below.

When it comes to scientific research, methodological validity remains of utmost importance to mitigate any conscious or unconscious bias that may influence recommendations and findings. Reviewers from Yale university have critiqued the Cass Review, saying that it "levies unsupported assertions about gender identity, gender dysphoria, standard practices, and safety of gender-affirming medical treatments" and "repeats claims that have been disproved by sound evidence."

In this section, we focus on the Cass Review to briefly assess its claims.

1) Study omissions

- a. The Cass Review's systematic review methodology omitted many studies conducted on the subject deviating from standard protocol (NOS) with no underlying reason. Additionally, studies after April 2022 were not mentioned. One of the most prominent studies [published in 2023](#) received a passing mention with its key finding which stated that gender-affirming care led to better mental health outcomes in kids, being omitted. Multiple academics have condemned these omissions.

2) Unfounded assumptions

- a. Boys play with trucks and girls play with dolls; an inference made from a 1980s study on gender on “desistance” which has been scientifically discarded for its outdated method of signifying gender identity, was referenced in the Cass Review. The review cites such a study uncritically, even though the contemporary idea of gender has no semblance to such formulations.
- 3) Poor evidence evaluation standards
 - a. The Cass Review does not follow the established standard for medical research to evaluate evidence. This framework is known as GRADE.
- 4) Transparency and specialism
 - a. A team with 86 years of combined experience, 168 peer-reviewed studies on gender-affirming care who have cared for more than 4800 transgender youth wrote [an evidence-based response to the review](#). An excerpt critiquing the Cass Review’s expertise and transparency standards is stated below:
“The Review incorrectly assumes that clinicians who provide and conduct research in transgender healthcare are biased. Expertise is not considered bias in any other realm of science or medicine, and it should not be here. Further, many of the Review’s authors’ identities are unknown. Transparency and trustworthiness go hand-in-hand, but many of the Review’s authors cannot be vetted for ideological and intellectual conflicts of interest.”

As noted above, the Cass Review’s standard of research lacks veracity. Therefore, LGBT Great recommends that the Cass Review should be revised thoroughly to redress its methodological flaws and ostensible biases. This review is not scientifically fit to be used as a standard for informing healthcare policy.