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# Havering Safeguarding Children Partnership

# Transgender Guidance

# Updated March 2023

Guidance

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# Havering LSCB

# Transgender Guidance

# Introduction

Gender is often an important part of an individual's identity and developing a positive sense of gender identity is part of growing up. However, gender identity is often complex and there is a spectrum of gender which is wider than just boy/ man or girl/ woman.

Trans is an inclusive term for people who identify themselves as transgender or transsexual. The word trans can be used without offence (as an adjective) to describe people who:

* Identify as someone with a different gender from that in which they were assigned at birth and may seek gender affirming healthcare and medical transition;
* Choose to dress in the clothing typically worn by the other gender.

According to Home Office research, trans people may comprise 1% of the population: possibly one teacher and several children in each school. They do not by necessity share anything in common with each other beyond the experience of gender incongruence, where their gender identity, or inner feeling of self as a woman or a man, does not coincide with assigned sex at birth or the gender norms attributed to their sex.

Being transgender is not the same as, and should not be confused with, ‘cross dressing’, transvestism, or sexual orientation. Being transgender is not a life style choice, nor a facet of sexual orientation, nor a disease.

Schools are committed to being fair and inclusive and will not discriminate against any member of the school community who is undergoing, or who has undergone, gender reassignment.

# Developing a whole school approach to supporting trans children and young people

As with any child or young person with a protected characteristic, a whole school approach is needed to support and keep safe trans and gender questioning children, young people and staff. The school:

* Acknowledges there will be trans people within the school community as parents and carers, staff, governors and children and young people, and that they will positively enrich the school community;
* Ensures trans issues and transphobia is acknowledged across the school policy framework;
* Closely monitors all areas of the curriculum and resources to ensure that they do not contain gender stereotypes or transphobic material;
* Ensures that the curriculum and PSHE is used to challenge gender stereotypes, support the development of a positive sense of gender identity, develop understanding of trans issues and prevent transphobia;
* Effectively challenges, records and deals with transphobic abuse, harassment and bullying (e.g. name-calling, derogatory jokes, graffiti, unacceptable or unwanted behaviour, intrusive questions);
* Includes trans issues in equality training for staff and governors;
* Creates an environment in which all staff and pupils, whatever their gender identity, feel equally welcome and valued;
* Provides appropriate support to children and young people who identify as trans.

# Principles

In developing practice to support trans children, schools should try to follow these principles:

* Listen to the child, their parents, carers and siblings. Wherever possible follow their lead and preferences;
* No child should be made to feel that they are the ones who are causing problems or that they owe anything to their school in return for being treated with the equality they deserve and are legally entitled to;
* Avoid seeing the child as a problem and instead see an opportunity to enrich the school community and to challenge gender stereotypes and norms on a wider scale;
* Avoid where possible gender segregated activities and where this cannot be avoided, allow the child to access the activity that corresponds to their gender identity;
* Challenge bullying and discrimination;
* Promote positive attitudes to gender diversity by including trans issues within activities relating to discrimination, hate crime, diversity, inclusion, RSHE and PSHE.

# Listening to the child

Trust the young person, what they are presenting is their reality at this time. You may not be familiar with their feelings and ideas, but school should be their safe space. Assuming something is ‘a phase’ is not supportive and not constructive. If a young person changes their presentation again this is a valid form of development, self-expression and understanding their sense of self.

# Schools should ensure

* Policies are inclusive of trans pupils and cover situations where boys and girls are treated differently (such as PE);
* Records are updated, and gender markers changed in consultation with the pupil and their family;
* Absence for medical appointments should be granted in the normal way according to established policy, ensuring the privacy of the young person;
* Equalities should be embedded in the curriculum, and gender should be covered along with other protected characteristics;
* Issues surrounding toilets, changing facilities, PE and games lessons, school trips, exchanges and overnight stays should be addressed on a case-by-case basis in consultation with the young person and their family;
* School uniform should not present a problem for transitioning pupils, and they should expect to follow the dress code for their acquired gender.

# Trans children in the classroom

* Trans children are children, and they have the same needs as other children. Teaching and learning should not be affected by a trans pupil in the class;
* Use the pupil's chosen name and pronouns. If you get it wrong, apologise, correct yourself and move on without drawing undue attention to the oversight;
* Avoid discriminating between boys and girls. When boys and girls share the same experience, there is no need to make special arrangements for trans children;
* Where boys and girls are treated differently (for example, in PE lessons), report any difficulties / concerns promptly to the school (DSL / Headteacher);
* Be alert to transphobic teasing, tormenting and bullying, and address them in line with school behaviour policy;
* Protect the privacy and dignity of trans pupils in the same way that you would any pupil, and never talk about them to third parties.

# Terminology and language

The correct terminology and language should be used and to do this there may need to be some education in lessons around sexual orientation and gender so that staff and pupils have a clear understanding that sexual orientation and gender identity are two completely different things. For the matter of fairness and inclusion it is extremely important that the correct gender, name and pronouns are used correctly to address transgender pupils.

The trans person should be referred to by their preferred pronouns (e.g. *he, she, they, zie, zim, zir*) and title (e.g. *Mr, Miss, Mrs, Ms, Mx*) and the school has a duty to ensure that this is understood by everyone. Mistakes are to be expected in the weeks after transition but, when this happens, a quick apology and correction should be offered.

# Names and pronoun change

Respecting a child or young person’s request to change name and pronoun is crucial in supporting and validating that young person’s identity. Some transgender children and young people may wish to change their name to make it in line with their chosen identity. Although they may not have changed their name legally, individuals have the right to choose the name by which they are known by staff and fellow pupils. It is important to consistently use preferred pronouns and names to protect a child or young person’s confidentiality, and to not ‘out’ them in ways that may be unsafe and exposing.

A change of name by deed poll is not required to make a change to school records on systems such as SIMS. In England, Department for Education (DfE) guidance allows schools to amend the gender of any pupil at any time within their own management information systems. Unique Pupil Numbers and Unique Learner Numbers are linked with legal names (that is the name under which a pupil starts their education, often the name on their birth certificate), but preferred names can be used extensively, including official registers.

# School Records

When a staff member or pupil transitions, school records should be updated with their new name, gender marker and preferred title. Electronic resources, including management information systems (SIMS), should not indicate the previous name nor refer historically to the transition. Paper records are more difficult to update but all reasonable steps should be taken to protect the pupil or staff member’s privacy. The school community cannot be expected to suddenly forget the trans person’s past identity, but they do not need to be reminded. Going forwards, the trans person should be referred to exclusively in their acquired gender.

# School Attendance

The School will make reasonable adjustments to accommodate absence requests for any treatment or appointments with external sources in line with their absence policy.

It is possible that the young person may be accessing support from outside of school, so provision must be made for the pupil to be absent from school, but confidentiality must be maintained at all times when complying with absence procedures. Sensitive care will be taken when recording the reason for absence. The young person may need time off for a medical appointment and it should be recorded as an M code rather than being off sick.

# Transition and medical intervention

Transitioning can be in two ways – social and medical - although not all trans people seek medical transition, and many people’s social transitions are different

Usually social transitioning is a first step. A non-judgemental attitude, support and advice is essential for the child. It might include a name or pronoun change, using facilities appropriate for their gender (toilets, changing), dressing in their identified gender.

Medical transition which involves seeking gender affirming healthcare is usually done in partnership with a Gender Identity Clinic (GIC).

The pupil or staff member may need to attend medical appointments pertinent to their transition. The school must not treat absence because of gender affirming healthcare less favourably than they would treat absence due to sickness or injury. The same principle applies to time off for any surgery and convalescence.

While most support for young trans people in schools will be around the social aspects of transition and only some trans young people will want medical transition, it will be the case that for any young person undergoing medical transition, there will be an impact on their time at school. An understanding of some of the key stages of medical transition will enable school staff to be supportive.

Medical treatment is provided in a series of phases that include:

* A Psychological assessment and counselling. Initially this would happen locally with a CAMHS worker who can then refer to a Gender Identity Clinic.
* Medication to block the production of the natural hormones that feminise or masculinise the body during puberty. This may be followed by prescribing hormones to masculinise or feminise the body.
* Gender affirming surgeries are not usually carried out until a person is over 18 years.

Coming to terms with your gender identity if you are trans can be a difficult time for any person and starting the initial stages of medical transition can be particularly demanding for the young person and their family. It is a time where support could be needed. If a school has a counsellor they should be knowledgeable of trans issues and the potential challenges the young person may face in school. Mental health can be impacted during transition for a multitude of reasons; therefore, recognition needs to be given and adequate support must be in place around this.

It is possible the young person may be accessing support outside school, so provisions must be made in order for the pupil to be absent from school but to also maintain their confidentiality at all times when complying with absence procedures. The pupil may need time off for a medical appointment and it should be recorded as an M code rather than being off sick.

# School Photos

Trans children may feel fine with having their photograph taken at school, but steps must be taken to ensure that these images do not reveal any confidential information. The School will always seek parental/carer permission to publish photos in line with the school policy.

# Transphobia and Bullying

It is important to remember that while trans and gender non-conforming children (including gender non-conforming cis children) may face problems in some areas of their lives, these problems are not caused by being trans but by society’s attitude towards people who are trans or who do not conform to gender norms. Transphobia can be defined as an irrational fear, hatred and abuse of trans people and people who do not conform to traditional gender norms. Transphobia can take many forms including direct or indirect pressure on trans people to conform to their perceived gender.

Transphobia is never acceptable and must be prevented; all forms of bullying are unacceptable in the school. The school must be a safe space for the young person, prejudices, bullying and lack of understanding should be addressed.

Schools have robust anti-bullying policies. In line with this policy, transphobia incidents (real world and online) will be recorded and dealt with in the same manner as other incidents that are motivated by prejudice, e.g. racist or homophobic incidents.

# Physical Education

Sports and Physical Education is a key aspect of the national curriculum and the physical and mental well-being of young people. Physical Education develops pupil’s competence and confidence to take part in a range of physical activities that become a central part of their lives, both in and out of school.

A young Transgender person has the same right to Physical Education as other young people. With regard to young Transgender people at school, there should be reasonably few, if any, issues regarding participation within the sports of their true gender.

There may be sports where, as puberty develops, male to female (M2F) trans participants may have a physical difference to other girls but this should not present a problem within a carefully and sensitively managed lesson context. The issue of physical risk within certain sports should also be managed properly within the lesson context rather than preventing young Transgender people from participating (which would be discriminatory).

If a pupil is binding their chest, they should be monitored carefully during particularly physical activities and in hot weather. There is a chance that the binding could cause discomfort or even impair breathing. Short breaks from activity could be offered discreetly.

It may be that due to the nature of contact and physicality of sports such as rugby, the school would consider whether a Transgender person participating in full contact lessons is appropriate towards the latter stages of puberty.

Trans and gender questioning pupils should be permitted to participate in competitions and sports days in a manner consistent with their gender identity if they wish to do so. It is unlikely that pre-puberty there would be any issues with a trans child competing and representing the school. In the case of competitive secondary sports, schools may need to seek advice from the relevant sporting body. The handling of changing facilities at an ‘away game’ would also have to be sensitively managed.

# Changing Room Facilities

The use of changing rooms by trans pupils should be assessed on a case-by- case basis in discussion with the trans pupils. The goal should be to maximise social integration and promote an equal opportunity to participate in physical education classes and sports, ensuring the safety and comfort, and minimising stigmatisation of the pupil. In most cases, trans pupils should have access to the changing room that corresponds to their gender identity. This approach is underpinned by the Equality Act 2010, whereby refusing a child or young person access to the changing room of their true gender identity would constitute an act of discrimination.

Any pupil who has a need or desire for increased privacy, regardless of the underlying reason, should be provided with a reasonable alternative changing area, such as the use of a private area (e.g. a nearby toilet stall with a door, an area separated by a curtain, or a nearby office), or with a separate time to change (e.g. using the changing room that corresponds to their gender identity before or after other pupils). Any alternative arrangement should be provided in a way that protects the pupil’s ability to keep their trans status confidential.

When competing at another school or outside venue, school staff should ensure there is appropriate sensitive provision available.

# Swimming lessons

The pupil should be given the choice as to whether they wish to take part in swimming lessons or not. If the trans pupil wishes to take part in swimming lessons then a risk assessment of the changing facilities should be completed. There should be careful consideration, in consultation with the pupil and in line with the health and safety policy of the leisure centre or swimming pool’s health and safety procedures. For example, it may be against health and safety regulations to wear a t-shirt in the swimming pool and therefore would be more appropriate for a F2M (female to male) pupil to wear an all in one wetsuit or similar.

# Toilet Facilities

The School would make arrangements by consulting with both the child and parents when making a decision on toilet facilities, considering the facilities available within school. Adaptations would be made to consider the wishes and needs of the parents and child.

Pupils have the right to access the toilet that corresponds to their gender identity. Any pupils who have a need or desire for increased privacy, regardless of the underlying reason, should be provided access to a single stall toilet, but no pupil shall be required to use such a toilet.

Ideally schools would provide single stall toilets that can be used by all. If need be, a member of staff can be allocated during break times to ensure that pupils feel safe while using the facilities. Some cis gendered females, however, have expressed concerns about these toilets and the fact others might know they have their periods because of time spent in the toilet – there may be a case for also exploring how this range of needs can be met.

# School Uniform

Trans and gender questioning pupils have the right to dress in a manner consistent with their gender identity or gender expression. By providing a choice of approved items of uniform and allowing pupils to choose what they wish to wear, schools will allow for regulated structure but without exclusion. Indeed, many female-born pupils prefer to wear trousers to school or may have religious or faith-based reasons for doing so.

Care should be taken to ensure that trans identified children and young people are supported fully during this time. Staff training is paramount to ensure that all staff understand what it means to be trans and exactly why a child or young person may be dressing differently. Remember that a pupil who identifies as a trans girl but was assigned male at birth, is not a ‘boy dressed as a girl’, but is a girl who outwardly at this point resembles a boy. By allowing a trans child or young person to dress in clothes which they feel comfortable with, schools empower them to express themselves by bringing their outward appearance in line with that of their internal gender identity at that point in time.

# Residential Trips

The Equality Act 2010 lists the following protected characteristics: age, disability, gender reassignment, marriage or civil partnership (in employment only), pregnancy and maternity, race, religion or belief, sex and sexual orientation. It is illegal to discriminate against someone because of these characteristics, and an employer or establishment must make reasonable adjustments to its facilities or services to include them.

Outdoor learning and off-site visits should be available and accessible to all, irrespective of any special educational or medical needs or protected characteristics. The principles of inclusion and equality should be promoted and addressed in policy and practice, ensuring:

* an entitlement to participate;

• accessibility through adaptation or modification, including the provision of auxiliary aids and services;

• integration through participation with peers.

(OEAP Inclusion guidance Feb 2023 - <https://oeapng.info/downloads/download-info/3-2e-inclusion>

In recognition of the above the HES School Improvement Safeguarding Advisors and Health and Safety Advisory Service have worked together to produce this updated outline guidance for schools planning non-residential and residential trips.

**Before planning the visit, ensure that gender identity considerations are included on any internal planning documentation such as Risk Assessments.**

Pre-planning phase

* Early engagementwith the LA H&S team is essential to discuss health and safety considerations,including where transgender pupils may participate in the trip.
* Trip organisers/leaders may wish to refer to the OEAP (Outdoor Education Advisers’ Panel) Good practice Guidance ‘Transgender Young People and Visits’: <https://oeapng.info/download/5451/>
* They should also conduct research into the laws around gender identity in the chosen country. The International Lesbian and Gay Association (ILGA) have information on their website about countries that pose a risk to trans individuals: <https://ilga.org/maps-sexual-orientation-laws> and/or check with the embassy for that country.
* Ensure equality considerations, including gender identity, are taken into account. What would be the impact of the proposed activity on the young person / group? Consider how the measures may impact the individual as well as the wider group (Equality Impact Assessment).
* Consider how changes in circumstances, prior to departure, will be factored in during the planning phase. This could include changes in: the physical capacity of participants; financial circumstances; and gender identity disclosure.
* Could there be any financial implications as a result of changes e.g. costs may rise if extra rooms are needed etc.?

Choosing the venue

* With regard to the choice of venue – consider:
  + if the accommodation is open to the public (best avoided)
  + what security is in place (especially in smaller ratios)
  + what flexibility of accommodation is there, e.g. are there smaller/single rooms?
* With regard to room allocation – consider:
  + room sharing or single occupancy (see also ‘Planning for supervision’ below)
  + buddies – where appropriate
  + separate/private bathroom facilities

Planning for supervision

* How will the pupil(s) be supervised? How will the supervising adults be kept safe e.g. from allegations? NB – standard supervision arrangements/ratios may need to be altered to accommodate the situation.
* What adult would deal with the pupil if there was an intimate need? Ratios and genders of adults need to be considered.
* Ensure that supervising adults are aware of any adaptions already in place for the normal school day on the visit.

Planning additional activities

* Are these taking place at a different venue?
* What changing/bathroom facilities are available at the venue?
* What is the impact on the young person / group? Consider how the measures may impact the individual as well as the wider group.

Consultation

* Ensure that consultation is held with both the pupil and their parents/carers. What are both the pupil and parents/carers comfortable with? Discuss room-sharing and toilet/bathroom arrangements.
* Parents need to be fully on board and understand any risks that may arise for their particular child (that are different to the main group for whatever reason).

For generic advice regarding supporting trans children and young people in education settings, schools may wish to refer to version 4 of the Trans Inclusion Toolkit 2021 from Brighton & Hove City Council <https://www.brighton-hove.gov.uk/schools-and-learning/support-school/trans-inclusion-schools-toolkit-2021>

# Vaccinations

The School will allow any gender specific vaccinations to be carried out at the GP’s surgery to eliminate any embarrassment.

# External Examinations

The Joint Council for Qualifications states that:

*‘The centre agrees to: enter candidates under names that can be verified against suitable identification such as a birth certificate, passport or driver’s licence. You may need to check that the name the candidate is using within the centre is his/ her legal name rather than a ‘known as’ name.’*

Once a result is accredited, it will need to be linked with a Unique Pupil Number (UPN) or Unique Learner Number (ULN) which existed in the school census information submitted in January of the exam year. UPNs and ULNs are only linked with legal names, not preferred names. In order to use a chosen or preferred name on an exam document, a pupil will need to have changed their name by deed poll. If the pupil is under 16 then the consent of all people with parental responsibility is required. Once the pupil is 16, they can apply for a deed poll in their own right. Parental consent is not needed.

Although some young people may feel that they want to change their name by deed poll, others may not feel that this is a step that they are ready to take. When filling in exam documentation, they will have to use their birth name and gender. Staff should support such a young person to accept that this is a necessary measure, but that it does not invalidate their chosen identity. Staff should remain sensitive and supportive during such times.

Schools and colleges are encouraged to ensure a strategy is agreed with the pupil and their parents and carers. This then needs to be agreed with the various exam boards. DfE analysis of school performance may still present the pupil in the gender registered by their UPN.

# Confidentiality and Privacy

All people, including pupils, have a right to privacy. This includes the right to keep private one’s trans status or gender-nonconforming presentation at school.

Information about a pupil’s transgender status, legal name, or gender assigned at birth also may constitute confidential medical information. School staff should not disclose information that may reveal a pupil’s transgender status or gender- nonconforming presentation to others, including parents, carers and other members of the school community, unless legally required to do so or because the child or young person has asked them to do so. Staff should not discuss trans pupils outside of school with friends and so on, even when making no particular reference to their name or personal details. The trans community is such a small one that even a casual reference to a ‘certain pupil’ may be enough to out that individual or, at the very least, compromise confidentiality. When a child or young person initially discloses their trans status, it is important to talk to them about confidentiality and who, if anyone, they would like information to be shared with.

Trans and gender questioning pupils have the right to discuss and express their gender identity openly and to decide when, with whom, and how much to share information. When contacting the parent or carer of a trans or gender questioning pupil, school personnel should use the pupil’s legal name and the pronoun corresponding to the pupil’s gender assigned at birth unless the pupil, parent, or carer has specified otherwise.

# Media Interest

Confidential information about pupils will not be shared with the school community; this includes wider staff, pupils, and other parents.

School staff will not engage with the press over this issue, all questions and enquiries will be passed to the Headteacher.

Staff must know their duties and responsibilities around data protection/GDPR so that they fully understand why information is protected, and when, how and to whom certain information can be released.

# Appendix 1 - Trans and employment

The Government Equalities Office has guidance for employers, *the recruitment and retention of transgender staff,* states that the employer needs to address: *‘what needs to be changed, when will this happen, what will happen to “old” records? This includes the school website, historical information on personal records (such as a reference to a previous period of maternity leave for a transgender man).’* Schools must make every effort to ensure that all historical records are amended or protected.

**DBS**

The DBS has developed a separate application procedure, which allows transgender applicants to exclude previous names from the Disclosure Application form. However, applicants will still be required to send details of their previous identity in a separate letter directly to the ‘Sensitive Casework Team’.

**Pre-employment**

Individuals who have already adopted their new social gender have no obligation to inform the school of their change. Job applicants and interviewees will not be asked about their transgender status.

# Appendix 2 - Ofsted

Ofsted – Inspecting teaching of the protected characteristics in schools  
<https://www.gov.uk/government/publications/inspecting-teaching-of-the-protected-characteristics-in-schools/inspecting-teaching-of-the-protected-characteristics-in-schools>

Ofsted – schools inspection handbook  
[School inspection handbook - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/school-inspection-handbook-eif)

# Appendix 3 - The Law

The Equality Act 2010 has strengthened and streamlined previous equalities legislation. Gender reassignment is one of the nine protected characteristics within the Act and is also included in the Public Sector Equality Duty. The Equality Act 2010 provides protection against direct and indirect discrimination, discrimination by association, discrimination by perception, discrimination in cases of related absence from work, and all forms of harassment and victimisation.

# The Human Rights Act 1998

The following Articles from The Human Rights Act 1998 support the rights and needs of Trans people to live their lives in their true gender.

* Article 8: right to respect for private life and family life
* Article 10: freedom of expression
* Article 14: the prohibition of discrimination

# The Gender Recognition Act 2004

The Gender Recognition Act 2004 is mainly concerned with the process by which a person can get a Gender Recognition Certificate, and correct their original birth certificate to match their true gender. This can only occur after a person reaches 18 years of age.

# The Equality Act 2010

The Equality Act 2010 ensures legal protection against discrimination (direct or indirect) for everyone under the nine protected characteristics defined in the Act, one of which is Gender Reassignment (also known as Transgender).

Part 6 of the Equality Act 2010 makes it clear that the Act specifically refers to Schools and young people

# The Equality Act 2010 (2:1:7) states that;

A person has the protected characteristic of gender reassignment 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.

# The Equality Act 2010

The act applies to employment, education and a range of other areas where discrimination may take place. In order to be protected under the Act, a pupil will not necessarily have to be undergoing a medical procedure to change their sex, but they must be taking steps to live in the opposite gender, or be proposing to do so.

# Appendix 4 – Useful Sources of information

|  |  |
| --- | --- |
| Gender Identity Clinic | <https://gic.nhs.uk/> |
| DfE - Preventing and tackling bullying 2017 | <https://www.gov.uk/government/publications/preventing-and-tackling-bullying> |
| DRM - Diversity Role Models | <https://www.diversityrolemodels.org/> DRM seeks to prevent homophobic and transphobic bullying in UK schools |
| Galop | <http://www.galop.org.uk/> LGBT+ anti-violence charity |
| Gender Trust | [www.gendertrust.org.uk](http://www.gendertrust.org.uk) Centre for professional people who encounter gender identity related issues in the course of their work |
| Gendered Intelligence | <http://genderedintelligence.co.uk/> Organisation works with young trans people (ages 11-25). They offer a range of services including Training sessions for professionals in organisations, schools and youth services as well as mentoring to any trans, non-binary or gender variant identified person |
| GIDS - The Gender Identity Development Service | <http://gids.nhs.uk/> GIDS is a highly specialised clinic for young people presenting with difficulties with their gender identity |
| GIRES - Gender Identity Research and Education Society | <http://www.gires.org.uk/> Improve the lives of trans and gender non-conforming people, including those who are non-binary and non-gender; information for trans people, their families and the professionals who care for them |
| ILGA - International Lesbian and Gay Association | <http://ilga.org/> The world federation of national and local organisations dedicated to achieving equal rights for lesbian, gay, bisexual, trans and intersex (LGBTI) people across the globe |
| LGBT Foundation | <http://lgbt.foundation/> A national charity delivering a wide range of services to LGBT communities |
| NTYN - National Trans Youth Network | <https://www.theproudtrust.org/about-us/our-networks/national-trans-youth-network-nty/>  NTYN is a network of trans youth groups from around the UK and includes the youth workers who support them |
| ParentZone - LGBTQ+ Hub | <https://parentzone.org.uk/lgbtq-hub>  Support and information from a range of experts to help both parents and young people on a variety of LGBTQ+ related issues |
| Press for Change | <http://www.pfc.org.uk>  Providing legal advice and support to trans and other gender variant people |
| The Proud Trust | <https://www.theproudtrust.org/>  ‘The home of LGBT+ youth’, providing and signposting support. |

# Appendix 5 – Trans Glossary

**AFAB** – Assigned female at birth.

**AMAB** – Assigned male at birth.

**Assigned gender** – The gender you were assigned at birth and raised as.

**Cisgender** – A person whose gender identity corresponds with the gender they were assigned at birth. For example woman who was assigned female at birth is a cisgender woman, or simply ‘cisgender’. This can also be shortened to ‘cis’. Also a term for non-transgender people

**Coming out** – A process by which a trans person will tell friends/family/co-workers etc. about their trans status

**Cross dresser** – A less used term to describe a person who dresses in the clothing of the opposite gender as defined by socially accepted norms. They enjoy wearing the clothes of the opposite gender occasionally, but they do not want to live their lives as the opposite gender and therefore do not seek hormone therapy or surgery (though some trans people may also not seek hormone therapy or surgery).

**Deed Poll/Statutory Declaration –** The means by which a person can legally change their name.

**Gende**r – How a person feels in regard to male/female/neither/both. A cognitive process of recognising one’s identity.

**Gender affirming healthcare or surgery** – Medical interventions that affect the masculine/feminine aspect of someone’s body in order to support them to feel affirmed in their gender.

**Genderqueer** – A gender diverse person whose gender identity is neither male nor female, is between or beyond genders, or a combination of male and female.

**Gender dysphoria** – A recognised medical term which refers to the physical/mental/ social discomfort of being perceived and living as one’s assigned gender.

**GIC** – Gender Identity Clinic.

**Intersex** – A term for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn’t seem to fit the typical definitions of male and female.

**Non-binary** – A person whose gender identity is not confined to being either male or female. To not identify within the binary male or female ideologies in Western society

**Oestrogen** – Sex hormone which may be prescribed to some trans women and trans feminine people.

**Outed** – When a trans person’s gender status is made public knowledge without their consent. This can happen either by people deliberately talking about this person being trans or by careless violation of confidentiality.

**Pansexual** – A sexual or romantic attraction towards people that is not dependent on the other person’s gender identity.

**Passing** – Being seen or read as the gender you present yourself as, e.g. a male identifying person being read as male.

**Pronouns** – He, him, his, she, her, they, them, their, hir, sie, ey, zie. (gender neutral).

**Sex** – Assigned at birth in relation to ones genitals, chromosomes etc.

**Sexual Orientation** – Attraction to people. i.e. gay, straight, bisexual, pansexual etc.

**Stealth** – Living in one’s acquired gender without anyone knowing about one’s trans status. A person may choose to be stealth in some areas of their lives but not others.

**Testosterone** – Sex hormone prescribed to some trans men and trans masculine people.

**To gender** – To assign someone else a gender by noticing behaviour and body presentation.

**Top surgery** – Known term that is used by trans people when referring to chest surgery which removes a person’s breasts.

**Transfeminine** - Transfeminine, often abbreviated to transfem, is a term used to describe [transgender](https://gender.wikia.org/wiki/Transgender) people who generally were assigned male at birth and [identify](https://gender.wikia.org/wiki/Gender_identity) with a [feminine](https://gender.wikia.org/wiki/Femininity) gender identity to a greater extent than with a [masculine](https://gender.wikia.org/wiki/Masculinity) gender identity.

**Transgender Person** – A person whose gender identity is different from the sex they were assigned at birth. Some trans people will choose to transition socially and some will take medical steps to physically transition (with the help of hormone therapy and/or surgery) to live in the gender role of their choice.

**Trans man/Transgender man** – A man who was assigned female at birth but who identifies as male.

**Transmasculine -** Transmasculine is a term used to describe **transgender people who generally are assigned female at birth,** but identify with a masculine gender identity to a greater extent than with a feminine gender identity.

**Trans woman/Transgender woman** – A woman who was assigned male at birth but identifies as female.

**Transgender/Trans** – An umbrella term which can be used to describe people who are:

* Transgender
* Transsexual
* Cross-dresser
* Neither male nor female
* Androgynous
* A third gender
* Or who have a gender identity which we do not yet have words to describe.

**Transition** – What constitutes as transitioning may be different for many trans people, e.g. medical transition, social transition, etc.

**Transphobia** - Irrational fear, hatred, abuse etc. of trans people and people who do not conform to traditional gender norms.

**Transsexual** – A less used term to describe someone who is transgender. Unless a trans person uses the term transsexual for themselves, it should generally be avoided in favour of transgender.

# Appendix 6 - Autism and Transgender

Research suggest that autistic students are

* more than 7 times more likely to experience conflicting gender and sexuality issues;
* 20% will experience gender dysphoria (compared to 1% of the typical population);
* 41 percent of transgender individuals will attempt suicide.

Learning how to recognize gender variance in autism is vital. It’s also vitally important to tell if the issues an individual is living with are of a permanent nature and what the best ways to educate, support and tap into resources for students on the spectrum are.

Autistic students often have a single focus. This often leads to autistic difficulties with ‘change,’ and multitasking, as well as a need for sameness, structure and routine. Being single minded, literal, ritualistic, resistant to change and naturally poorly equipped in social situations can cause autistic individuals to believe they are inadequate as human beings; this negatively impacts mental health (MH) and self-esteem. The general, or typical population, have brains wired up to allow multi-focus and, therefore, are at an advantage in social situations requiring divided attention. They are also at an advantage when it comes to recognizing sexuality, issues of gender, social propriety and personal needs for autonomy and, therefore, will connect to these at an appropriate time, often before the age of seven.

When living with gender dysphoria (GD) and autism, however, individuals are doubly disadvantaged. Statistically autistic individuals are 9 times more likely to die by suicide (7.5%-15%) than individuals in the typical population while individuals in the typical population living with GD are 40-50 times more likely to attempt suicide. When it comes to issues of gender, sexuality, sexual orientation and keeping children safe, parents and teachers need to have conversations with their children. Ideally, these conversations should happen early, happen often and be non-judgmental. It’s simply a case of sharing the facts. Using real terms to label body parts (and give the child the slang term too) is very important. Most autistic children do best with appropriate language rather than with slang. So, a vagina is the right word, not ‘your fanny’. Schools also need to support families by adding to what parents teach so there is consistency between home & school. Sometimes parents and families are uncomfortable around these issues and leave gender and sex education to the school. Although this isn’t ideal, schools do need to take up this challenge.

Gender dysphoria used to be thought of as gender disorder and was considered a psychiatric condition requiring psychological intervention (such as psychotherapy and counselling) to aid an individual in accepting their body and cis-gender as identified at birth. Although transitioning from one gender to another also occurred it was not understood in the way it is today. Now, in the Diagnostic and Statistical Manual of Mental Disorder, gender dysphoria is understood as a biological condition, rather than a psychological one. The treatment for this biological condition is to transition from one gender to the other as owned by the individual concerned. Although, for some, transition takes place only at the social level, for others it will be social and aided by medical transition processes too.

**Consideration of the additional barriers and disadvantage that autistic individuals may experience due to non-binary gender identity**

If you are living as an autistic individual and you are comfortable being yourself, rather than feeling pressured to conform to societal ways and expectations, you may face additional barriers in your daily life experience. For example, if you are six feet tall, broad shouldered and have a deep male voice but are more at home in feminine clothes because you are living in the female gender identity, you might find it difficult relating to society around you. This is because ‘typical’ society operates on traditional norms of what constitutes ‘usual’ (considered as normal by most) behaviour. Most male bodied individuals identify as male and this fits with societal expectation. When a male bodied person identifies as female, but isn’t conforming ‘medically’ to how a female might present physically, this disadvantages that individual.

Some ‘transgender’ autistic individuals are in touch with their own gender identity but do not cope with medical transitioning to show that gender to the rest of the world around them. They see no point in having to obey ‘typical’ expectations on gender identity for a variety of reasons. Some of those are connected to fear of change, some to disconnection of what might be happening to others (discomfort) who are in contact with them, for some, person/object permanence is a cognitive process not yet complete enough for them to let go of who they’ve been while for others they simply see no need. Whatever the reason, they need our support and acceptance. Trying to get individuals to change simply to fit societal expectation is not a good reason. If, once they are mature enough, safe enough and desiring of such a change, this inspires them towards a fuller transitional process, they need support to follow through. However, many autistic trans individuals are very happy living in their chosen gender without any medical intervention. This will always present difficulties for them within the wider community; at least until the wider community is much more accepting of difference.

**Consider how barriers can be reduced or removed and young people & adults educated and supported to understand their gender identity**

Working to raise awareness of autism and gender dysphoria will help inform the wider community that autism and gender dysphoria can coexist. However, responding to the practicalities requires more than just awareness. In the longer term consideration will be required in relation to how we categorise things as ‘his’ and ‘hers’ when it comes to public conveniences, clubs, Bars, shopping areas, school uniform. When a person with a disability needs to use a toilet for the disabled, there isn’t usually a ‘his ‘and ‘hers’ public convenience. As an example a young trans autistic youth, aged thirteen, was told to use the disability toilets at school. He felt upset with this option because, he argued, he didn’t have a disability. For autistic individuals who are non-binary in their gender identity, or are living as trans men and women (boys and girls) where the gender they identify with is not that assigned them at birth, finding their ‘place’ is often doubly difficult and schools and colleges have a role to play in not making this any harder.

***It is a complex and challenging journey for all children and young people who disclose that they may be: non-binary, living with gender variance, asexual, Gay or Bi-sexual, a trans gender person, and so on, keeping safe takes the support of all. This guidance provides some ideas to help think through how to respond to these challenges, there is no single right answer that fits every situation or every child.***

# Appendix 7 - Secondary School Case Study – Support for a transitioning pupil

The pupil and their parent approached the school to tell the school about the transition.

The SLT met first to discuss all of the potential barriers that the pupil would experience. We made an action plan, clearly identifying key individuals and specific deadlines.

SLT met with the whole of the staff at a staff meeting. The pupil had produced a video diary of their feelings and reasons for transition, this had been made for their parents, but with consent from the pupil and their parents this was shared with all staff.

SLT gave information on

* chosen name
* how to address the pupil in classes
* arrangements for PE
* exams etc.

Communication with parents was very important and this was also shared with staff. This included some of the challenges that the parents were experiencing at home with bedroom decor and clothing etc.

Our team of teachers then prepared a speech for the whole year group. SLT visited each year group in the form during the same registration period and provided the same information to each of the forms. This reminded the pupils how to treat all members of the school community.

We also asked our School Police Officer to provide assemblies to remind pupils about malicious communications and posting any information online that could cause distress or offence. We wanted to remind pupils about their social media conduct.

The important thing is that the pupil feels supported, the identification of a key member of staff in school is essential. The action plan helped as it methodically and practically addressed all of the potential barriers to overcome in the particular year for the pupil. These actions were then thought out in advance and discussions took place with the pupil and their parents.

Without planning, the transition would not have been as successful. The pupil was able to take a full part in school life, including two residential trips.

Hsis Safeguarding Advisors - March 2023 Update - in consultation with Havering Health & Safety and HSCP

Appendix 6 - Paul McCarthy, 2017