

Advice on social transitioning of gender non-conforming children and those with gender dysphoria

Advice notes to support teachers and other professionals who are concerned about their school's policy of socially transitioning children without parental knowledge or consent



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Summary of the concerns

- We are increasingly being contacted by parents and teachers who are concerned their school is socially transitioning children without parents' knowledge or consent. This includes changing a child's name in social settings, changing a child's name on the school database, using the child's preferred pronouns, and in some cases changing their "gender marker" on the school database and in school census.
- There is not a 'one size fits all' answer to changing names and pronouns. Many resources say that parents and schools should immediately affirm a child in their 'gender identity' by using a preferred name and pronouns. However, this may not ultimately be in the child's best interests

This note covers legislation in force in Scotland - the Children (Scotland) Act 1995 and Getting it Right for Every Child (GIRFEC) Policy

Safeguarding and the Law

Schools do not have parental responsibility and are not medical professionals; they should not be making autonomous decisions about the treatment of a child experiencing any kind of distress.

To do so could be contravening:

- **the Children (Scotland) Act 1995 (applicable in Scotland),**
- **the Education (Scotland) Act 2016 (applicable in Scotland)**
- **Scottish Schools (Parental Involvement) Act 2006**
- **Standards in Scotland's Schools etc. Act 2000**
- **the statutory guidance designed to keep children safe: National Guidance for Child Protection in Scotland (applicable in Scotland) and**
- **Getting it Right for Every Child.**

Schools should work with parents before any decisions are made around social transitioning, in line with the school's safeguarding policy and the statutory guidance.

- The Scottish Schools (Parental Involvement) Act 2006 underpins all parental involvement/engagement policies, strategies, and frameworks. The Act aims to help parents to be involved with their children's education and learning
- welcomed as an active participant
- encouraged to express their views on all matters relating to education
- It places duties on schools, local authorities, and Scottish Ministers to help all parents to be involved in their own child's learning, to be welcomed as active participants in schools, and to be able to express their views on school education generally.

"Parents, carers and families are by far the most important influences on children's lives. Parents who take on a supportive role in their children's learning make a difference in improving achievement and behaviour. Their support can play a vital role at all stages of education".

- Parental responsibilities and rights, or PRRs, are given to the parents of a child in order that they can be involved in the life of and take steps to care for and look after the child. These rights and responsibilities are not absolute and must always be considered alongside the welfare and best interests of the child. They are set out in sections 1 and 2 of the Children (Scotland) Act 1995.

Section 1 of the Act states that a parent with parental rights and responsibilities in respect of a child has the responsibility:

- (a) to safeguard and promote the child's health, development, and welfare.
- (b) to provide the child with direction and guidance.
- (c) to maintain personal relations and direct contact with the child on a regular basis if the child is not living with the parent; and
- (d) to act as the child's legal representative.

Schools are not able to assume parental responsibility for a child without recourse to the courts.

The statutory guidance *Getting it Right for Every Child* state:

"Anyone working with children should see and speak to the child: listen to what they say, take their views seriously; and work with them and their families collaboratively when deciding how to support their needs."

- Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.
- Practitioners should be proactive in sharing information as early as possible to help identify, assess, and respond to risks or concerns about the safety and welfare of children...
- The Data Protection Act 2018 and General Data Protection Regulations (GDPR) do not prevent the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

By following a policy of affirmation without parental knowledge or consent, schools are opening themselves up to potential legal action for not abiding by statutory guidance and legislation

What can schools do?

There is no long-term evidence-base to support the affirmative approach to gender and the socially transitioning of a child without their parents' knowledge.

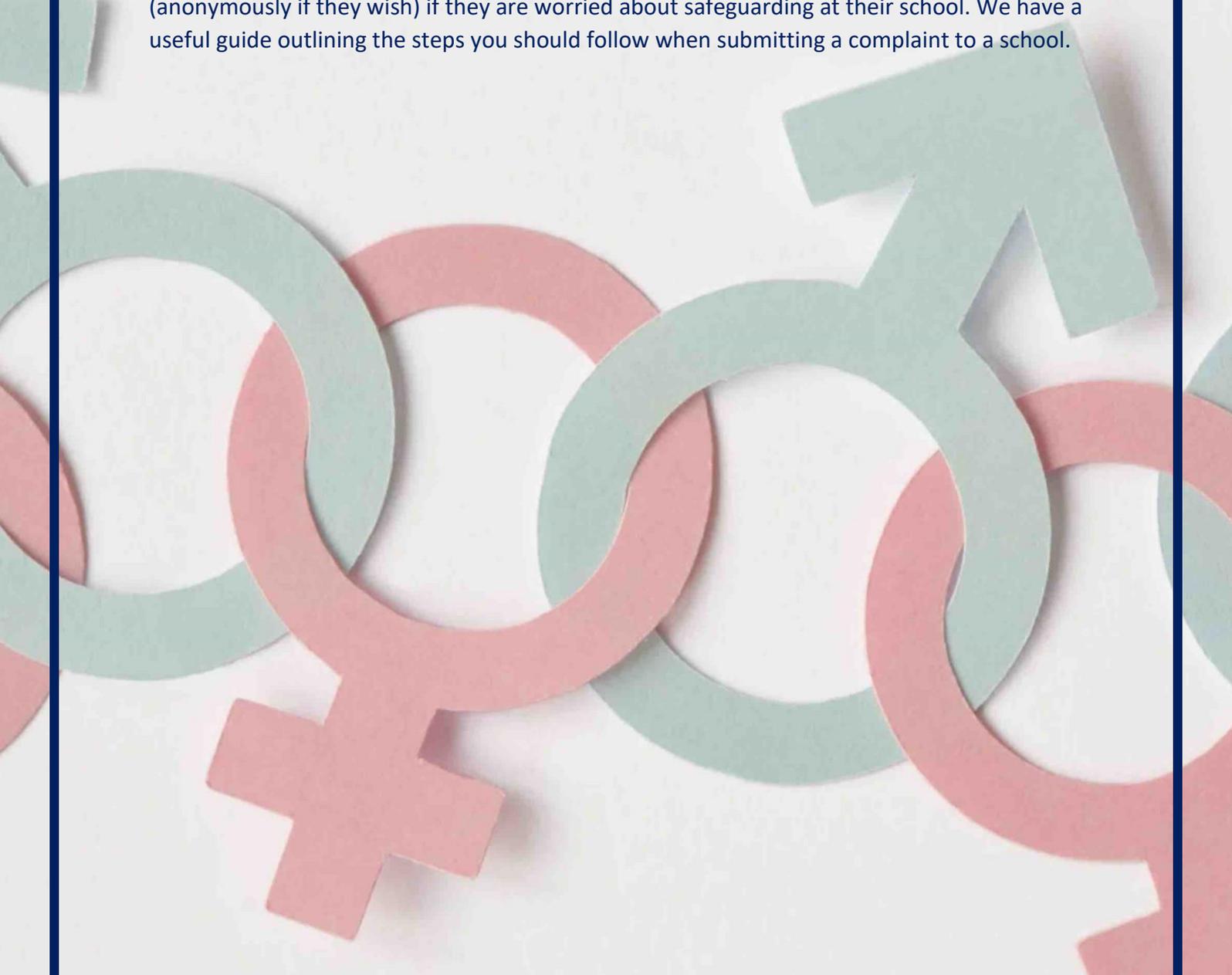
The **“Watchful Waiting”** approach has been shown to work well in the long term with gender and, in addition, conventional psychotherapy is well established to help manage emotional distress. There are several alternatives to the affirmation pathway: using a nickname or a gender-neutral name instead of an opposite sex name; using a different name but maintaining use of sex-based pronouns; or continuing to use the given name and pronouns.

Transgender Trend has produced thorough guidance on how schools can support children who identify as trans or who are experiencing gender distress. In summary, they advise:

- Manage the situation at senior level.
- Hold the welfare of the individual child and all children at the centre of decision making.
- Ensure that staff maintain clear boundaries in their role as educators and use the school's established pastoral care and safeguarding policies as reference points.
- Schools should maintain a neutral stance of 'kind acceptance'. Children, and on occasions their parents, may be looking for approval and validation. It is not the role of the school to either publicly validate the child or to be disapproving and unkind.
- Schools need to be aware that there is no long-term evidence base to support the 'transition' of children, including social transition. Therefore, the school's role should be one of 'holding the space' for a child in order to allow freedom of development without undue influence or reinforcement of one set of ideas.

What can teachers do?

Anyone worried about a child, or a policy should follow the school's formal complaint process, which should be available on their website. Teachers should talk to senior leaders about their concerns and, if necessary, can whistle blow to the Local Authority education department (anonymously if they wish) if they are worried about safeguarding at their school. We have a useful guide outlining the steps you should follow when submitting a complaint to a school.



Common concerns from schools

“Not affirming a child as trans is like schools being told not to talk about homosexuality in the 90s.”

- Under Section 28 of the Local Government Act 1988, local authorities were forbidden to “promote homosexuality”. This meant that it could not be discussed in schools, causing lesbian, gay and bisexual young people to feel isolated and fearful of either disclosing their sexuality or being ‘outed’.
- The argument is often made by trans lobby groups that anything other than immediate affirmation of a trans identity is discriminatory (“like Section 28”). However, this is a false equivalence.
- Accepting and supporting young people as lesbian or gay is an end in and of itself. It does not lead to medical intervention. However, social affirmation of a trans identity is the first step on a pathway which may lead to binders, hormones, and possible mastectomy and genital surgery.
- This is particularly the case if the young person is only guided by unregulated advice on the internet.
- There is no reason to treat a child who will be LGB any differently to a child who will be straight. However, young people who identify as transgender are often themselves asking to be treated differently from children of the same sex. It is a safeguarding risk for a trans-identified female student to share a changing room with the male students, and schools should not be enabling
- this. It is a potential safeguarding risk if a female pupil binds her breasts, and parents should be made aware of it.
- A young person identifying as trans, once they have been supported to go through the puberty of their biological sex, will usually desist, and often turn out to be lesbian or gay. Therefore, ironically, the affirmation by a school of a trans identity for a child still going through puberty can in fact erase their gay or lesbian identity.

“What if the parents are transphobic and we need to protect the child from their parents?”

- This is something that is often stated in defence of the policy of socially transitioning children without their parents’ knowledge; that the child would be unsafe if their parents knew they were identifying as trans. However, schools must understand the difference between parents who may not fully affirm their child in socially or medically transitioning, and/or may not believe in gender ideology, and parents who are genuinely a risk to the child. The perception of the child about ‘transphobia’ may not be based in reality; there is a lot of pressure online for children to separate themselves from their parents if they do not immediately agree to transitioning.
- Furthermore, if a child is potentially at risk from their parent, changing a child's name and pronouns at school is likely to increase the risk of the parent finding out from a teacher or from another child or parent; this will also increase the stress and fear of discovery for the child, even though for many children they may have nothing to fear.

- Schools must be mindful of their responsibility under GIRFEC to work with the child's family. If a school genuinely believes that the child may be at risk from their family if their trans-identified status is disclosed, this must be treated as a safeguarding concern under the school's normal safeguarding policies.
- The solution is not to make a unilateral decision to simply affirm the child. Normal safeguarding procedures need to be followed.

"Changing a child's name is harmless."

- Social affirmation can lead to a gender identity becoming embedded which in turn will increase the risk that the young person will seek medical transition in the future. Evidence suggests that 80% of children will desist if supported by "watchful waiting".
- Physical transition involves irreversible experimental drugs and, later, invasive surgeries, both of which are harmful to the child 1 2. The judgement issued following Kiera Bell's case against the Tavistock Clinic is quite clear on this.
- There is no long-term evidence-base to support the affirmative approach to gender. The Watchful Waiting approach has been shown to work well in the long-term with gender dysphoria and, in addition, conventional psychotherapy is well established to help manage emotional distress in the long-term.
- Two recent studies (Wong et al 2019, and Sievert et al 2020) found that socially transitioning a child does not produce any benefit to the child in terms of psychological functioning; the most important factors are relations with friends and family. Wong et al 2019 found "little evidence that psychosocial well-being varied in relation to gender transition status." Sievert et al 2020 found that "Peer problems and worse family functioning were significantly associated with impaired psychological functioning, whilst the degree of social transition did not significantly predict the outcome. Therefore, claims that gender affirmation through transitioning socially is beneficial for children with GD could not be supported". The authors clearly state both that social transition is a 'treatment' and also that parents should be involved:

"Both peers and family should be incorporated in the psychosocial treatment of this population as early as possible, because incorporating parents' needs and feelings in the psychotherapeutic process could improve the child's situation as well."

- In addition, children who are trans-identified have a higher likelihood of mental health conditions, autism or have suffered trauma or abuse. A policy of affirmation and social transition may be used as a 'sticking plaster' while the underlying issues are ignored.
- There are large numbers of de-transitioned young people, particularly women, who look back on the affirmation they received at the hands of their schools and other adults and recognise it as harmful because affirmation meant they did not get the counselling and psychological support they needed.

The [Detrans Voices](#) website has many such stories.

Common concerns from schools continued

“We have been told that trans children are at risk of suicide or self-harm if we don’t affirm them.”

- Firstly, any statement or assertions linking suicide or suicidal thoughts to a single issue is irresponsible. Suicide is complex and most of the time there is no single reason or event which causes suicidal thoughts. Using suicide statistics to justify a course of action is extremely ill advised. It is also very dangerous to suggest to children that they may be more likely to self-harm or take their own lives if they are trans-identified.
- The fear of self-harm or suicide is so often used when people talk about the need to affirm children expressing gender distress. If children with gender distress are at greater risk from harm, this underlines the need to NOT keep this a secret from parents. Schools simply cannot say on the one hand these children are highly vulnerable and will suffer poorer mental health if they are not affirmed and socially transitioned, and on the other, keep their distress secret from parents. Given that it is more likely that any self-harm or suicide attempts would happen while in the care of parents and not while at school, it is imperative that parents have all the necessary information in order to keep their child safe. Teachers should not make unilateral decisions about what information should be shared about a child and what shouldn’t; they must follow the safeguarding policies. Any concerns about child suicide must be taken seriously and dealt with under the normal school safeguarding policies; children who are trans-identified must not be given less protection than other children.
- As discussed above, two recent studies found that socially transitioning a child does not produce any benefit to the child in terms of psychological functioning; the most important factors are relations with friends and family.
- Many of the quoted statistics about suicide and self-harm are misleading and extrapolated from very small numbers. The Gender Identity Development Services says that:

“The majority of the children and young people we see do not self-harm, nor do they make attempts to end their own life. Although there is a higher rate of self-harm in the young people who are seen at GIDS compared to all teenagers, it is a similar rate to that seen in local Child and Adolescent Mental Health Services (CAMHS).”

“My teaching union supports social transitioning.”

- Union guidance or advice does not trump the law or safeguarding frameworks. Many Unions have been advised by lobby groups who do not understand the law or safeguarding. There are no exceptions where safeguarding is concerned. Individual adults, schools, teaching unions or lobby groups do not know better. Schools are ultimately responsible for their actions and cannot pass responsibility onto any other

organisation. It is the school who will be liable if anything happens to a child as a result of their actions

By socially transitioning children, without any input from parents or medical professionals, it could be argued that schools are using what is effectively an experimental treatment on a child. This treatment has potentially far-reaching consequences, with very little evidence the policy will alleviate distress. In fact, it can have quite the opposite effect. Schools are not legally responsible for a child's medical care and welfare; it is not in their remit to commit to a treatment path which has not been agreed by parents and medical professionals. Social affirmation is not a benign and neutral act; it has potentially far-reaching consequences and great care should be taken by teachers.

Latest Research:

- [Cass Review](#)
- [Gender Identity 5 years after social transition](#)

SEGM

- A. Novel epidemiological trend: adolescent-onset gender dysphoria with mental health comorbidities
 - [Challenges in Timing Puberty Suppression for Gender-Nonconforming Adolescents](#)
 - [In Support of Research Into Rapid-Onset Gender Dysphoria.](#)
 - [Adolescents with Gender Dysphoria: Reflections on Some Contemporary Clinical and Research Issues.](#)
 - [Reflections on emerging trends in clinical work with gender diverse children and adolescents.](#)
 - [Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria.](#)
 - [Gender/ed identities: an overview of our current work as child psychotherapists in the Gender Identity Development Service.](#)
 - [Sex Ratio in Children and Adolescents Referred to the Gender Identity Development Service in the UK \(2009–2016\).](#)
 - [Gender dysphoria in adolescence: current perspectives](#)
 - [Two years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development.](#)