
Trans Youth

IN CARE

A Toolkit for Caring Professionals



**BEING A YOUNG
PERSON CAN BE
HARD**

**BEING A YOUNG
PERSON IN CARE
CAN BE REALLY
HARD**

**BEING A TRANS
YOUNG PERSON IN
CARE CAN BE
EXTREMELY HARD**

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We are not perfect....

If you find anything that requires alteration in this document please contact charlotte.andrew@ntas.org.uk

FOREWORD

The development of this toolkit began with a simple question..... what makes good care for a trans child or young person?

How we got here

It has become clear that there is very limited information for trans young people in care. There is an ad hoc, react as we go approach across many local authorities, care agencies, foster carers, social workers and health professionals. Some may be doing excellent work but it has been hard to identify that work.

The lack of supportive and clear information presents a risk to the well being of young people in care now and in their future lives. There is some information available through schools and youth services but unfortunately some young people in care are not given access to these services.

There is a clear requirement for a comprehensive toolkit to be shared across all local authorities, care providers, youth groups, schools etc. on what makes good care for a trans child or young person in care.

Actions

In 2014 Jacob Sibley (director, Three Circles Fostering) and Andrew (the LGBT foundation) completed a consultation on the experiences of LGBT people in care. Their findings helped produce a resource entitled 'Supporting Lesbian, Gay, Bisexual and Trans Young People - Information for Foster Carers'.

During May 2016 Three Circles Fostering met with some individuals who highlighted the need for more training and awareness specifically for care professionals in how to support and care for trans young people in

care.

From this, Charlotte Andrew (NT&AS), Sage Aalto (Three Circles Fostering), Tara Hewitt (NHS Equalities lead) and Jacob Sibley (Three Circles Fostering) completed a consultation with The Proud Trust Afternoon Tea group in September 2016 and with care leavers and individuals at the Sparkle event in Manchester July 2016.

A resource titled 'trans youth in Foster Care - know your rights' was produced which is hoped to be shared with all young people in care nationwide, this can be viewed at www.lgbtyouthincare.com.

Finally, a toolkit to inform care professionals working with Trans young people, to ensure positive outcomes has been produced.

What did the consultations ask?

The toolkit is the outcome of questions asked during our consultation.

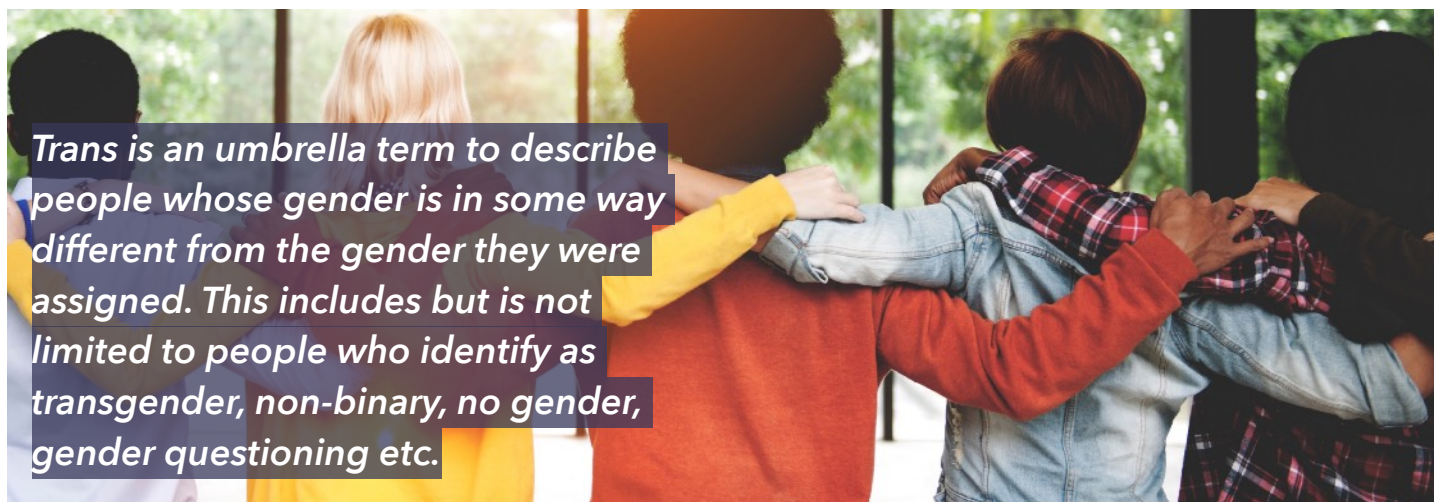
1. What makes good care?
2. What knowledge do you need?
3. What actions should you take?
4. How should we support access to services?
5. What resources should we have?
6. What barriers do you think there are to caring for a trans child or young person?
7. What are the rewards?



This is just the beginning, please take part in our survey to further enhance the ongoing development of this toolkit. www.threecirclesfostering.com/survey

We hope you find this toolkit and its accompanying digital resources useful.

TRANS - AN UMBRELLA TERM



Trans is an umbrella term to describe people whose gender is in some way different from the gender they were assigned. This includes but is not limited to people who identify as transgender, non-binary, no gender, gender questioning etc.

Young people have a right and should be given the opportunity to describe their identity themselves, rather than have a label ascribed to them. Labels can be extremely damaging or incredibly liberating. They should only be used when the young person has been given the space to understand terms and when they personally use them to describe their identity. Sometimes, labels are required in order to gain access to services - we will get into this in more detail later. Gender identity labels should only be shared with others when informed consent from the young person has been given. We do not have the right to 'out' young people to other individuals or agencies. This is against the law. For more information about what it means to 'come out' please read the fantastic resource produced by The Proud Trust entitled 'Come Out and Say It' www.theproudtrust.org



The umbrella term 'trans' is shorthand for the term transgender. The terminology is changing all the time; we recognise that we must be sensitive with its usage and keep our knowledge regarding the terms current and up to date.

In this toolkit we use the term 'trans' most often. We are mindful that each young person is unique and may (or may not) identify with the many various terms within the trans

umbrella. For the purposes of this toolkit we will use the umbrella term in the majority of the text. A further list of terms can be found in appendix 1.

We have produced an accompanying video titled 'Trans youth in care, know your rights' that you could watch to increase understanding, or to train other team members. This can be viewed at www.transyouthincare.com.

Be prepared

Be prepared to learn a new language when it comes to understanding and discussing issues of gender identity. Discussing these matters provoke a variety of emotions so you should set aside time to take it on board.

Be aware

Be aware of services available that can help you understand the trans umbrella and keep your knowledge up to date as the language changes all the time.

Be an ally

Make information about trans rights, terminology and support groups readily available to young people your colleagues. Add the resources list in the toolkit to your staff intranets/ resource tables.

THE HARSH FACTS

"Lack of understanding, confusion and fear" Young person, 2016

The oppression of trans people is well documented. The vulnerability of young people in care is well documented. Therefore, to be a trans young person in care is an extremely vulnerable and isolating place to be.



Below are some statistics about how society treats trans people in Britain and the way this environment can affect mental health:

19% have been hit or beaten up through transphobia (Trans Mental health review 2012)

81% avoid some public situations out of fear. Over 50% of these avoid public toilets (Trans Mental health review 2012)

There is a **nine month minimum** wait for referrals to the Tavistock and Portman Gender Identity Service (see pg 10 and 32) for young people. NHS

guidelines state this should be 16 - 18 weeks.

30% say a health care professional refused to discuss a trans - related issue with them (Trans Mental health review 2012)

84% have thought about ending their life at some point (Trans Mental health review 2009)

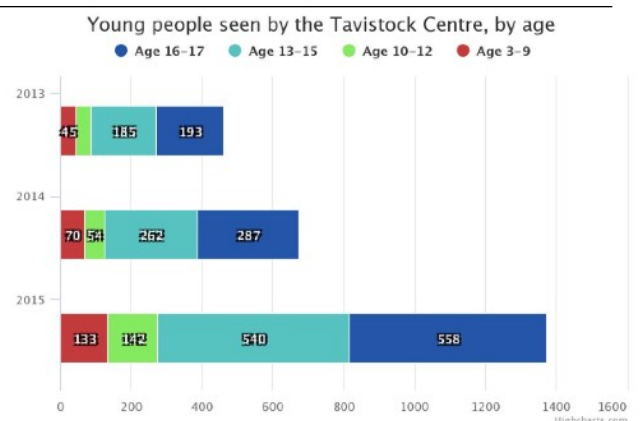
62% have experienced transphobic harassment by members of the public in a public space (James Morton of the Scottish Transgender Alliance, 2008).

Trans population

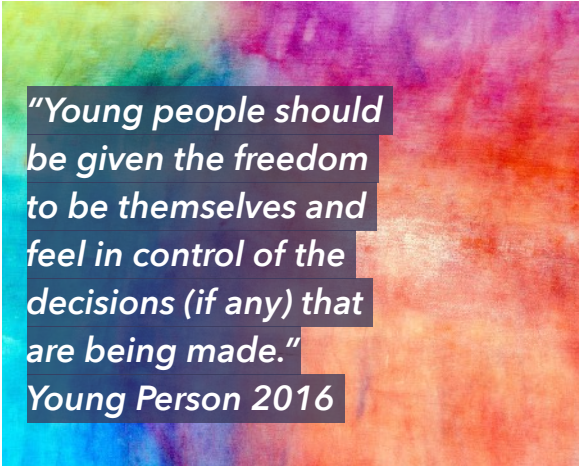
Publicly collected data is virtually non-existent. The census does not collect this information and the government has no plans to add such a question. It is estimated that trans people form around 3 % of the population (Gires, 2011).

Referrals to gender identity clinics

1,419 was the number of referrals made for young people last year, more than ten times the figure in 2010.



KEY MESSAGES FROM CONSULTATIONS.....



"Young people should be given the freedom to be themselves and feel in control of the decisions (if any) that are being made."

Young Person 2016

What do we know about trans young people in foster care?

From the trans young people in foster care we have consulted it is clear that experiences vary.

Some of the young people we spoke with experienced care that did not affirm their gender identity, this is unacceptable. One young person described their social worker telling them that they would 'grow out of it'. Others had foster carers that were not supportive and refused to use their correct pronouns. There were also stories featuring loving, supporting and caring relationships. Foster carers and social workers who educated themselves; made changes within their organisations - who became knowledgeable about gender diversity and helped the young person to flourish in their placement.

The results from the consultations found seven similar themes running through the responses. The key messages from consultations found that individuals felt that caring professionals should be:

- **Caring:** Be caring and non-judgemental. Go at the young person's pace. With the young person's consent, provide a space for various views to be heard, including foster carers, foster siblings, birth family etc. Encourage communication about gender in a way that is safe for the young person. Legally, we must have the young person's consent to talk with others about them.
- **Knowledgeable:** Read and speak to other trans people; research local groups in the area. Be ready to support a young person who comes out as trans. But also put measures in place to support trans young people who are not out. This should be proactive not reactive. Talk to the young person about gender expression and identity - what role models are out there? Use the genderbread person to support discussion (see resources in appendix 2).

- **Advocates:** Being in care can be extremely alienating. Being a trans young person in care can be terrifying. Having caring professionals around a young person to advocate for them will help in so many ways. Challenge stereotypes. Challenge professionals who mis-gender a young person. Have literature readily available to share with professionals who do not follow the young person's wishes.

- **Accepting:** Accept the young person for who they are in every way. Acceptance is key in order for the young person to feel safe in discussing their identity with you.

- **Understanding:** Try not to offer remedies. Instead provide a safe environment for the young person to discuss where they are in terms of their gender identity and work with them in a child centred, child led way.

- **Supportive:** Help young people to explore their gender expression in whatever way you can. Make sure they have a safe space to try new things - such as clothing, names, pronouns etc. These things do not need to be permanent changes, there does not need to be a commitment to change from the young person. Let them find their own way with a supportive hand.

- **Empathetic:** Be intersubjective and share in the young person's feelings, thoughts and attitudes.

We explore all of these messages in more detail throughout this toolkit.

WHAT MAKES GOOD CARE?



Pronouns and name

A pronoun is the word you use to talk about someone when you do not use their name. Like her/ she/ hers, he/ him/ his, or they/ them/ theirs. When meeting a young person, it is good practice to ask what their pronouns are. This will instantly put a young person at ease and provide an

opportunity to spark discussion. Whatever gender identity a young person has it is vital to explain to ALL the use of pronouns to increase inclusion across society. This toolkit is about educating the masses, not just the few. We must empower young people to challenge when their pronoun is used incorrectly and we must advocate for them in meetings.

Never assume a person's gender based on appearance. Use the pronouns they, them, theirs until you have identified the correct pronoun of an individual. When asking a young person's name, ask if this is the name they wish to be known as or if they are known by another name. If they tell us the name they wish to be known as, we must respect this and do everything we can (with consent) to ensure this is included in all data systems, GP surgeries, schools etc. to avoid an embarrassing and alienating experience for the young person.

It is important to note that deliberately mis-pronouncing or dead naming someone is a hate crime and can be reported as such. For more information around changing names see appendix 5 (page 27).

Promote a non - binary society

We live in a binary world. Every data system we enter puts us into a box. Male or female. This is very isolating and has an effect on the day to day living of a trans person. We recommend that you check your data entry systems and alter them to be trans inclusive. There are some useful examples in 'a simple guide to inclusive monitoring' produced by the Proud Trust on page 41.

Advocate for the young person at meetings, if the Personal Education Plan or Care Plan has the incorrect gender description, challenge this and make changes. Ask for these requests to be written into the minutes of the meeting to catalyse action. Ask for this to be put into the plan as an action. Wherever the young person may be gendered (GP, opticians, dentist etc.) make a call ahead of appointments to make sure the professionals are aware and sensitive with data. Again, we **must** have a young person's consent before sharing any data about their gender identity.

Confidentiality and privacy

There seems to be a culture of ascribing labels to young people in care. The young people we have spoken to have informed us that their trans status has been shared with many people without their consent.

Living under the microscope in care, having a daily log written about you, although an important requirement both legally and to enable the young person to reflect back on when they reach independence, leads to the young person feeling out of control of their life.

We must be extremely sensitive with the young person's information around their gender identity. We must go at the young person's pace and provide them with a safe space to explore their identity. Allow the young person to ascribe their own terms to their identity and let this be flexible rather than a fixed thing. Share information only when the young person is ready.

If we share without consent, this may lead to the young person feeling out of control of their identity and being forced to come out to others before they are ready.

"One revealing mistake with names or pronouns can be devastating. More than most, trans children have their very core identity denied"

Trans Young person September 2016

WHAT MAKES GOOD CARE

Training for all

“What you do really could transform the life chances of someone who is trans and in care”

One key outcome from consultations was that young people felt foster carers, social workers, Ofsted, GP's, health professionals etc. should have trans inclusion training. Social workers should have the knowledge about trans rights and issues in order to support the foster carers to provide excellent care for the young person.

You could share this toolkit with all foster carers, and other professionals, and share the leaflets from the useful resources section in appendix 2. Ask foster carers to make these resources available in the home so that young people feel like they are in a safe space to explore their identity.

Ask trans specific questions during the recruitment of foster carers, make sure your application forms are trans inclusive. Challenge transphobia from foster carers and others through education and supervision.

There are a wealth of fantastic charities and youth groups out there who can provide advice and training - see the resources page for more information.

Gender neutral

Try to foster a gender neutral and gender exploring environment. Provide gender neutral toilets at your offices, make sure there is a suitable toilet that the young person can use when planning venues for meetings.

When purchasing clothing or toys for the young person without knowing their preferences, try to purchase gender neutral toys or a mix of toys. When they have moved into their new home, let them choose their toys and clothing.

The simple things can make a huge difference to a child's quality of life. We know this for a fact, because young people have told us.

Voice of a young person

“The same as for any other young person! One revealing 'mistake' with names or pronouns can be devastating. More than most, trans

children have had their very core identity denied. "You are not who you know you are, you must believe and act as though you are someone else, all the time" Confusing, upsetting, frightening... If a young person has self identified differently from their official sex, and been brave enough to say so, be assured this is deadly serious. As a caring adult, respect them, be ready to fight their corner with bullies, unthinking prejudice and bureaucracy. Help with practical problems, get the latest information and talk to other parents and carers of young trans people. Help them to accept and be proud of themselves. With support, most of us grow into decent functioning adults with happy lives. Some are permanently damaged and scarred by the troubles they face. Some die, by their own hand or that of another. So what you do really could transform the life chances of someone who is trans AND in care.”

Young Person, 2016



WHAT KNOWLEDGE DO YOU NEED?

"It would be nice if we could rely on a caring, inclusive, supportive, well informed social worker, GP and head teacher." Young Person, 2016

There is no short answer to this question. To be fully trans inclusive you need a wealth of knowledge which needs to be kept current and up to date.

Legislation

The Equality Act 2010

The Equality Act 2010, has the



Equality Act 2010

protected characteristic of 'gender reassignment'. This is awkwardly worded but covers all trans people. You do not have to have done anything or met any criteria to be protected, you only need to identify as trans. All agencies working with young people must ensure they provide fully inclusive services. This may include things like training to staff, access to bathrooms, using gender neutral language.

Data Protection Act

The Data Protection Act controls how personal information is used by organisations, businesses or the government.

Everyone responsible for using data has to follow strict rules called 'data protection principles'.

Public Sector Duty

What must public authorities do to comply with the duty?

When public authorities carry out their functions, the Equality Act says they must have **due regard** or think about the need to do following things:

- Eliminate unlawful discrimination
- **Advance equality of opportunity** between people who share a protected characteristic and those who don't
- **Foster or encourage good relations** between people who share a protected characteristic and those who don't.

Having due regard means public authorities must consciously consider or think about the need to do the three things set out in the public sector equality duty. It's the courts who decide if a public authority has done enough to comply with the duty.

Legal issues

Advice

If you need help with legal issues when helping young people there are several agencies out there ready

to help. These include Mermaids; the Trans Equality Legal Initiative (TELI) and the Children's Legal Centre. See appendix 2 for a comprehensive list.

Name change

For information on changing names please refer to appendix 5.

Myths and stereotypes

There are a number of myths, stereotypes and perceptions within society about trans people. We all have an unconscious bias within us and can fall into stereotyping behaviour. We must be mindful of our internal prejudices and learnt stereotypes and work to eradicate these from ourselves and society .

See appendix 3 for a list of common myths and what we can do about them.

Transphobia and bullying

This is the discrimination and harassment of trans people or people who are perceived as trans.

Transphobia and bullying are huge issues within our society. We must challenge transphobic language if we hear it. We must provide support to schools to ensure steps are being taken to challenge transphobia in schools. There are some excellent support groups and toolkits available to schools which are detailed in the resources section in this toolkit in appendix 2 (page 19).

WHAT KNOWLEDGE DO YOU NEED?

Access to health care and gender identity clinics

If a young person would like access to a gender identity clinic there is support available via the NHS with the Tavistock and Portman Clinic's Gender Identity Development Service (GIDS). This is a specialist service who will see young people up to the age of 18. They have premises in London, and Leeds and they have an outreach clinic in Exeter.

It is important to remember that not everyone will need or want to be referred.

The GIDS' preferred route of referral is through a local Child and Adolescent Mental Health Service (CAMHS) or directly from the GP. They do also accept referrals from other health, social care, and education professionals. They have a current waiting list of nine months.

For more information see: <http://gids.nhs.uk/>

A young person may be diagnosed with Gender Dysphoria and access various support from the GIDS including access to hormone blockers, if required. Every person's transition is different. Many will transition socially e.g. without medical intervention. It is important to note that children accessing GIDS will not have surgery - surgical procedures can only be accessed through adult services.

Talking to schools

There are many resources out there providing guidance to schools on trans inclusion. A number of toolkits have been created as well as resources to tackle transphobic

bullying in school. The Proud Trust offer workshops to school for staff and young people from KS2 upwards. They also have a list of additional resources on their website. www.theproudtrust.org/. Brighton and Hove City Council have produced a toolkit for schools which can be viewed <https://www.theproudtrust.org/resources/research-and-guidance-by-other-organisations/trans-inclusion-schools-toolkit/> It would be useful to ask the school for their anti bullying policy and trans inclusion policies.

NT&AS have extensive experience in working with young people in care and can be commissioned to offer advice and guidance where required. Please see www.ntas.org.uk for more information.

Write a trans inclusion policy for your agency

Writing a trans inclusion policy is a good place to start when developing your agency's knowledge regarding trans issues. Stonewall have written a guide entitled '[Trans Inclusive Policies and Benefits](#)'. You could use this when writing your own policy. We have written an example policy that you could adapt in appendix 4.

Non-binary

Non-binary is a term used by individuals whose gender identity does not fit into binary woman and man. People who identify as non-binary will sometimes refer to themselves using pronouns which are not gendered, for example 'they' or 'Ze'. A non-exhaustive list of terms can be read on page 11. But never assume, always ask.

Non - binary people may or may not

identify as trans. Do not assume all trans people have binary gender. Non-binary should be included in any trans inclusion policies.

Inclusive language

As we have suggested previously, best practice uses gender neutral language when referring to any individual. This includes language on forms or records etc. For example:

'Is he happy with the regularity of contact?'

Should be changed to -

'Are they happy with the regularity of contact?'

We recommend you check through all your forms, HR systems, questionnaires and ensure they are gender neutral. Provide alternatives to prefixes (e.g. miss, mr, dr) see page and avoid gendered introductions (e.g. sir/ madam). See page 41 for the Proud Trust's guide to inclusive monitoring.

At meetings be mindful of language used. We hear professionals say phrases such as 'hello, young man'. 'What a kind young lady you are.' 'Oh, he's just acting like all boys do'.

These are just a few of the gendered, binary phrases heard by us in professional meetings with a young person present. As a society we bring children up in a binary way, stereotypically choosing clothes and expect certain behaviours based on gender stereotypes and the assigned sex/gender. We need to let go of these stereotypes and foster a world beyond the binary with the language we use.

NON-BINARY TABLE

He	He laughed	I called him	His eyes gleam	That is his	He likes himself
It	It laughed	I called it	Its eyes gleam	That is its	It likes
Ne	Ne laughed	I called nem	Nir eyes gleam	That is nirs	Ne likes nemself
She	She laughed	I called her	Her eyes gleam	That is hers	She likes herself
Spivak	Ey laughed	I called em	Eir eyes gleam	That is eirs	Ey likes
They	They laughed	I called them	Their eyes gleam	That is theirs	They like themselves
Ve	Ve laughed	I called ver	Vis eyes gleam	That is vis	Ve likes verself
Xe	Xe laughed	I called xem	Xyr eyes gleam	That is xyrs	Xe likes xemself
Ze (or zie) and hir	Ze laughed	I called hir	Hir eyes gleam	That is hirs	Ze likes hirself
Ze (or zie) and zir	Ze laughed	I called zir	Zir eyes gleam	That is zirs	Ze likes zirself

Always ask.... never assume

(Taken from <https://genderneutralpronoun.wordpress.com/>)

Listed in alphabetical order

WHAT ACTIONS SHOULD YOU TAKE?



"It would be nice if we could rely on a caring, inclusive, supportive, well informed social worker, GP and head teacher." Young Person, 2016

Here are a few actions that young people have asked for....

- Advocate
- Challenge gender norms and expectations
- Talk regularly about names and pronouns
- Have literature visible to all
- Provide training to teams, carers, parents etc.
- Provide a safe and accepting space
- Purchase clothes that represent the young person's gender expression
- Provide the young person with child friendly literature (see resources)
- All actions must be child led
- Be positive
- Be pro-active
- Speak out about inclusion at meetings, challenge other professionals who misuse gendered language
- Raise awareness with schools
- Write a Trans inclusion policy
- Have a Trans Rep in the agency
- Ensure confidentiality
- Provide training
- Have foster carers sign code of acceptance
- Change names on forms (with consent)

HOW SHOULD WE SUPPORT ACCESS TO SERVICES?



'Awareness of supportive local doctors, connect with organisations like Gendered Intelligence and Mermaids' Young Person, 2016

Young People's Voice:

"Make the young person aware of what services there are. Young people should be given the freedom to be themselves and feel in control of the decisions (if any) that are being made." Young person, 2016

"Re medical care in particular, make sure you and they know about their rights to privacy and confidentiality. It may or may not be necessary for a service to know they're trans. If it isn't relevant it's none of their business e.g. re GP, dentistry etc unless the young person chooses to tell. Know what they're entitled to re trans specific services and what may be "discretionary". Go with them to appointments and help them to prepare, support them to communicate. Although it should be straightforward it rarely is in practice and too many services still see it as their role to "test the resolve" of young trans people by asking them to meet unreasonable conditions." Young person, 2016

"It would be nice if they could rely on a caring, inclusive, supportive, well informed social worker, GP and head teacher. Some are fantastic. Others are really not. But peer support is also really important, from other parents of trans children." Young person, 2016

This is what young people have requested:

- Listen to the young person - go at their pace
- Help with transport to services
- Take to groups
- Research together online
- Young person led - access to support if the young person asks
- Work with charities
- Research
- Training
- Peer support and have an Equalities Lead within agency
- Access to groups should be part of matching process
- All resources available to everyone

WHAT RESOURCES SHOULD WE HAVE?

We have compiled a large list of resources in appendix 2. Here we have detailed what young people believe you need in order to provide the best possible care for them.

Access to groups

“Support groups are great because you get to meet people going through similar things”

A key factor in ensuring excellent care is making sure that the young person has access to lesbian, gay, bisexual & trans support groups in the area. It has become quite clear that wherever possible this should be a key part of the matching criteria for a trans child and young person. Foster carers should also be informed about the location of trans groups and should be able to support access to them.

Leaflets, Guides and Books

Another key factor for young people is making sure you have leaflets explaining all the terminology within the trans umbrella. The more you read, the better equipped you will be to support the young person. Make sure you have leaflets for foster



carers and young person friendly leaflets too. We have added some printable versions that you can use in the resources section of this toolkit. They are available to download freely at www.lgbtyouthincare.com.

Term's sheet

The majority of respondents said that caring professionals should have a trans terminology sheet to refer to including words only to be used with extreme caution. Words and terms change all the time. There are a few terms that are offensive and should only be used in exceptional circumstances. We have listed some of these in appendix 1.

Where to buy resources for young person

If the young person needs any specific resources such as binders, clothes, prosthetics etc. it would be useful for you to have knowledge of

where to buy these resources. Gendered Intelligence have some very useful information where to buy resources - along with guides for young people on how to use binders and other useful tips. See appendix 7 (page 40) for more detailed information about what these terms mean and where to go for more information.

Websites

You should be aware of the websites out there that provide support, help and information. Share these sites with young people, carers and at meetings to increase awareness.

Young people stated that <http://genderedintelligence.co.uk/> was a very useful and child friendly website. We have added a number of websites for you to the resources in appendix 2.

BARRIERS AND REWARDS



“Lack of understanding... of our human rights” Young Person, 2016

Barriers

Young people were asked to say what they thought the barriers might be to caring for a trans young person.

- Misconceptions and judgements
- Closed mindedness
- Transphobia
- Lack of understanding
- Confusion
- Fear
- Ignorance of the correct language to use
- Family traditions
- Faith
- No awareness of human rights

Rewards

We also asked what the rewards would be to caring for a trans young person.

- Allowing a young person to be themselves
- Letting someone live their life in a positive and accepting environment
- Seeing a child grow and develop through your help and love

“Helping a young person live their lives in a positive and accepting environment”

- Providing an individual with love and support

A note about faith

Understand that being trans does not impact on a person’s ability to be spiritual or religious. There are a number of LGBT faith groups of all denominations. To read more about this see www.twilightpeople.com. This project project discovers and celebrates the hidden history of trans and gender-variant people of faith in the UK past and present. Gires have also published a book by Sabah Choudrey entitled ‘Inclusivity, Supporting BAME Trans People’. It is important to note that intersectional identities may bring additional challenges and rewards.

Some final tips:

Do not assume that every young person in your care has a binary gender or a gender that is the same as the one they were assigned

Do challenge transphobic language if you hear it

Do not impose gender stereotypes on young people

Do encourage young people to follow their own interests

Do not push young people to discuss trans issues if they don’t want to. Don’t pressure them into coming out.

Do make information easily available to young people

Do not feel that you are expected to have all the answers

Do make use of the services listed in appendix 2.

APPENDIX 1. TERMINOLOGY

Here are just a few of the many terms!

Ally: somebody who helps and supports somebody else, someone who stands up for another persons rights and advocates for them.

Androgynous: a person who may appear as gender neutral and exhibit traits traditionally associated as both feminine and masculine, or as feminine nor masculine, or as in between feminine and masculine.

Asexual: a person who does or rarely has sexual feelings or desires.

Binder/ binding: binding refers to flattening tissue around the chest (see page 39).

Biological sex: This is usually determined at birth, based on observation of your genitals. However, your chromosomes, hormones, genes and internal sex organs also contribute to the make-up of your biological sex.

Cis (also cisgender, cissexual): a person who's gender identity is the same as the gender assigned at birth.

Cis privilege: benefits derived automatically for being (or being perceived as) cisgender that are denied to people who are perceived as trans.

Drag King: drag kings are mostly performance artists who dress in masculine attire.

Drag Queen: a drag queen is a person, who dresses in feminine attire.

FTM (also FtM, F2M, F-T-M, F-M): female to male acronyms. Meaning a transition from "female-to-

male".

Gender identity: how you think about yourself, the gender that you identify with and/or feel that you are.

Gender expression: How you display your gender and is demonstrated through the ways that you act, dress, behave and interact in the world.

Gender Binary: the gender binary is a model of gender that classifies all people into one of two genders woman or man.

Gender fluid: people feel they have different gender identities at different times.

Gender neutral pronoun: is a pronoun that is not associated with a particular gender such as they/ them/ their.

Gender neutral language: inclusive language that avoids nouns that are gender specific and uses gender neutral pronouns.

Gender role: refers to society's concept of how 'women' and 'men' are expected to act and behave on the basis of their assigned gender. Gender roles are based on norms, or standards, created by society and affect everyone.

Hir: gender neutral possessive pronoun that can be used instead of her/his.

MTF (also MtF, M2F, M-T-F, M-F): male to female acronyms. Meaning a transition from "male-to-female".

Non-binary: is an umbrella term for



*all resources and terminology in the toolkit will need checking periodically to ensure they remain suitable and current

APPENDIX 1. TERMINOLOGY

Here are just a few of the many terms!

On HRT: Hormone replacement therapy is a type of hormone treatment.

On T: A person who is taking the hormone testosterone.

Packing/ prosthetic: Packing is wearing padding or a phallic object in the front of the pants or underwear.

Pansexual/Queer: Indicates the potential to be attracted to anyone regardless of their sex, gender identity, or gender expression.

Pronoun: a word used to describe you when your name is not used such as they/ she / he etc.

Sexual orientation: the types of people (often based on gender that you are attracted to). Attraction can be emotional, sexual, physical and/or spiritual.

SRS: sex reassignment surgery. There are over 40 procedures a person can have.

Trans (also transgender): Umbrella term describing a persons gender identity that does not necessarily match their sex given at birth.

Transphobia: Fear or hatred of trans people; transphobia is manifested in a number of ways, including violence, harassment and discrimination.

Transexual: person who elects to change their physical sex through genital reconstruction surgery (GRS) – and/or chest reconstruction surgery.

Crossdressing: cross-dressing is the act of wearing items of clothing and other accoutrements commonly

associated with a different gender to the one they were assigned, based on a particular societies norms.

Two-Spirit: two Spirit is a culturally distinct gender that describes Indigenous North Americans who fulfil one of many mixed gender roles found traditionally among many Native Americans and Canadian First Nations indigenous groups. There are lots of other cultures that have multiple genders.

Ze: pronouns that can be used instead of she/they/he.

Other terms:

Any word is ok to use if somebody identifies with it. The terms below should only be used if a person identifies with this term.

Bio-female, bio-male

Transvestite

GG

Gender Identity Disorder

Tranny

She-male

He-she

Lady boy

Hermaphrodite

Sex-change

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APPENDIX 2. SUPPORT AND RESOURCES

Support and Resources

The most up to date and comprehensive list of groups categorised by location can be accessed via the 'Gires' website. Follow the link below and click your location on the map for a list of groups in your area. <http://www.gires.org.uk/the-wiki>

- GIRES (www.gires.org.uk) is a national body that examines the science around gender and trans individuals. Gires produces a wide range of resources for schools and other public bodies, including a toolkit on combating transphobic bullying and an e-learning package
- Gendered Intelligence www.genderedintelligence.co.uk. A community interest company that delivers arts programmes, creative workshops, mentoring, training and youth group sessions to trans youth (under the age of 25)
- Mermaids www.mermaidsuk.org.uk. National charity that connects and supports young trans people and their families
- TELI Trans Equality Legal Initiative - is a new initiative aiming to provide the ultimate forum for the discussion of trans rights in the United Kingdom. Covering important legal areas such as healthcare, education, justice and international protection, the initiative will be at the forefront of trans rights, bringing together experts and activists from across the legal and LGBT spheres
- The Equality and Advisory Support Service (EASS). The EASS is a free helpline providing support and guidance to individuals who feel they may have been discriminated against or have a human rights issue. The helpline aims to help people solve their problems informally and is available to individuals from Scotland and Wales. See their website with email form at the website detailed below www.equalityadvisoryservice.com/app/ask
- Department for Education - Equality Act for Schools <http://www.education.gov.uk/schools/pupilsupport/inclusionandlearnersupport/inclusion/equalityanddiversity/a0064570/the-equality-act-2010>
- Equality & Human Rights Commission <http://www.equalityhumanrights.com>
- True Vision Online Crime Reporting <http://www.report-it.org.uk>
- Threecirclesfostering.com independent fostering agency in the North West who facilitated the development of this toolkit
- The Gender Identity Development Service Tavistock and Portman clinic <http://gids.nhs.uk/> For children and young people (up to the age of 18) and their families wanting to access medical transition services.
- The Proud Trust - home of LGBT youth. www.theoroudtrust.org



*all resources and terminology in the toolkit will need checking periodically to ensure they remain suitable and current

APPENDIX 2. SUPPORT AND RESOURCES

Some more useful links, including links to the videos that are part of this toolkit.

E-learning

- Equality act 2010 <https://www.gov.uk/guidance/equality-act-2010-guidance>
- <http://www.gires.org.uk/training> (a series of e-learning modules).

Videos

Three Circles Fostering have developed a training video specific to trans youth in foster care. This can be used to educate yourself and your teams.

These can be viewed at www.lgbtyouthincare.com

Email: charlotte.andrew@threecirclesfostering.com to request a copy of these training videos.

A hard copy on a pen drive can be ordered for a small charge, any money raised by the purchase of these videos will go directly to the Mermaids charity.

This toolkit

This toolkit is available as a free PDF resource on the Three Circles Fostering website. It has also been listed on a number of other websites including Mermaids. If you would like a hard copy of this toolkit it can be purchased for £2.50 per booklet. Any money raised will go directly to the Mermaids charity.

Leaflets

We have added two trans specific leaflets as part of this toolkit. One titled 'Trans youth in Foster Care - Know Your Rights'. This can be printed from this toolkit or downloaded from the Three Circles Fostering website. The other 'A Guide to Foster Carers Caring for LGBT Young People'.

There are numerous other leaflets that are out there, explore the links on the previous page. Each website has a resources section with a large bank of resources and leaflets that can be used.

We recommend using the gender bread person in The Proud Trust's 'Come Out and Say It' leaflet as a useful resource to discuss gender identity.

<http://www.cheshireeastlscb.org.uk/pdf/proud-trust-come-out-and-say-it-leaflet.pdf>

Consultation

If you would like specific advice relating to trans youth in foster care, please do not hesitate to contact Three Circles Fostering on 01625 533 531. We also have staff available to consult with your teams or to provide training for a small fee.



*all resources and terminology in the toolkit will need checking periodically to ensure they remain suitable and current

APPENDIX 3. MYTHS

There are many myths about trans people which must be challenged. Below are some of the most common ones and what we can do about it.

Trans people are confused

Everybody is different and we are all unique. A person may or may not be confused. It is ok to be confused. As professionals we should work with young people to ensure they have the space and resources needed to explore their gender identity and expression. This myth usually comes down to a lack of understanding of what trans means. This is why as care professionals, training and resources are key.

Trans people are mentally ill

Many trans people are diagnosed with gender dysphoria (GD), but being trans is not a mental illness. Many go through the route of diagnosis as a route to treatment for transitioning.

Trans people do however have high levels of mental health difficulties owing to transphobia in their environment. The distress experienced by trans people largely emanates from the way society treats them.

A recent study by Kristina Olsen (2016) found that trans children growing up in supportive environments had rates of depression and anxiety no higher than the two control groups. This challenges long held assumptions that mental health difficulties in trans young people are inevitable. Olsen states that "family support might buffer these children from the onset of mental health problems so commonly observed in transgender people,".

So support from services and carers are important in ensuring positive outcomes for young people.

"Being trans is not in itself a mental health problem or indicator of poor wellbeing. It is the pressure that society puts you under that leads to anxiety, stress and depression" (Gires.org.uk)

Trans people are gay

Gender identity and a sexual orientation are separate.

The T in LGBT refers to trans which is about gender identity. Trans people can be straight, lesbian, gay, queer etc. Trans people have a sexual orientation, just like everyone else.

All trans people want to change is their bodies

There is a common assumption that when a person comes out as trans that they want to change everything about themselves. This is not the case. Gender identity is unique and should be treated as such. 70% of trans people transition without surgery. (National Centre for Transgender Equality, A Report of the National Transgender Discrimination Survey, 2011).

Every trans person is different and we should use a holistic, child focused approach to ensure they are able to come out on their own terms and make the changes they want to at a pace they set.

You can tell someone is trans by the way they look

This is incorrect. Every person is different, no two of us are alike. We all have our own unique character and gender identity. How we express our gender identity through the way we look is unique to each and every one of us. You should never assume a person's gender based on appearances. There are many stereotypes out there and it is our job as professionals to advocate for trans youth and challenge these stereotypes.



Trans youth - they're young, they will grow out of it!

After talking to LGBT youth it is clear that this is a common response professionals use. This can be extremely damaging for a young person to hear and could cause a huge amount of distress. If a young person say they are trans then we must work with them to ensure they have a safe environment to explore their gender identity.

Trans young people don't exist

Trans young people do exist. Figures suggest that 3% of the population are trans, this figure is thought to be higher as many trans people are not socially out. There is a myth that young people cannot be trans - only when they reach adulthood would they come out. This myth is false. The number of young people referred to the Tavistock gender identity clinic has doubled in the last year alone to 1400. There is a minimum wait of 9 months to receive treatment. These figures are only set to rise. Lack of language and fear of discrimination can delay trans young people coming out.

Transition means having hormones and surgery

Every person's transition is different. Many will transition socially e.g. without medical intervention. There are over 40 procedures people may/may not have. Some people may not make any physical changes to their gender expression. Other people

may change only their pronoun. We must, as members of the children's workforce, eradicate this myth. We must work with each child in their own way - helping them to transition (or not) at their pace and how they would like to.

People who are non-binary are just confused. They will choose a gender eventually

Again, this is another myth which must be eradicated. People who identify as non-binary are not confused. They are non-binary and we must respect this and use their correct pronoun and support them to explore their gender identity in a safe environment, as we would with any other gender.

If people don't disclose they are trans, it means they are being deceptive and lying

People who are trans do not have to disclose this. Just like LGB young people do not have to disclose their sexual orientation. As professionals, if a young person tells us they are trans, this does not give us the right to tell everybody we know that they are trans. We must gain their consent to talk to others about this. For example if we want to talk to school to ensure safe access to toilets. This needs to be discussed with the young person first.

If you transition, what if it's a mistake?

This is a scary myth that many trans people face day to day. If a young person tells you they are trans and want to transition it's safe to say that they are pretty sure about it. This myth actually tells a young person 'being trans is a mistake' which is a very distressing thing to hear. We must be open and curious about a young person's gender identity and support them through their transition in whatever way we can. Only 0.1% of people who transition have a reversal.

You made a choice to be trans

If a young person comes out to us as trans we must be mindful about the language we use. If we suggest that a young person has made a choice we are belittling their sense of self. This can have a harmful effect on that young person's coming out story.

Trans people can't succeed in society

Trans people DO succeed in society. They get jobs, get married and have children. They achieve the goals and dreams that they aspired to when they were children.

Trans people can face discrimination in society and also in the workplace. We must ensure that when young people prepare for independence they are equipped with their rights as employees. We should encourage businesses, fostering agencies, children's homes, schools and clients to have a trans inclusion policy within their organisations.

APPENDIX 4. TRANS INCLUSION POLICY EXAMPLE FOR A CARE SETTING FOCUS

Trans Inclusion Policy

Underpinning National Minimum Standards:

STANDARD 2 - Promoting a positive identity, potential and valuing diversity through individualised care.

11 - Independent fostering agencies - duty to secure welfare

Children Act 1989:

Section 22 - General duties of local authority in relation to children looked after by them

Sections 61 and 62 - duties of voluntary organisations and local authorities in relation to children accommodated by or on behalf of the voluntary organisation

We 'have a culture of listening to children, including taking account of their views to improve services' (Young People's Guide to Working Together to Safeguard Children).

Outcome:

Children have a positive self view, emotional resilience and knowledge and understanding of their background.

Mission Statement

INSERT ORGANISATION HERE has an equal opportunities policy that includes a section on equality for Lesbian, Gay, Bisexual and Trans (LGBT) young people, staff and carers. The policy clarifies the approach of INSERT ORGANISATION HERE for young people, staff, parents/carers and external agencies. Through this guidance, it is hoped that staff are able to manage equal opportunities issues with confidence, competence and consistency.

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 girl/ boy or woman/ man. It is also important to recognise and separate gender identity, gender expression and biological sex.

Practice to support trans children is embedded across INSERT ORGANISATION HERE policies and procedures and built on best practice already in place to eliminate discrimination, harassment and victimisation; advance equality of opportunity and foster good relations and make reasonable adjustments.

This policy seeks to provide a broad overview of the needs of trans young people and their families.

Principles

In developing practice to support trans children and young people INSERT ORGANISATION HERE will follow these principles:

- Listen to the child, their parents, carers, the local authority and siblings. Wherever possible follow their lead and preferences.
- No young person should be made to feel that they are a problem or that they owe anything to INSERT ORGANISATION HERE in return for being treated with the equality they deserve and are legally entitled to.
 - Avoid seeing the young person as a problem and instead see an opportunity to enrich the INSERT ORGANISATION HERE family and to challenge gender stereotypes and cis norms on a wider scale.
- Allow the young person to access activities/materials that corresponds to their gender identity.
- Challenge transphobia, bullying and discrimination.
- Promote positive attitudes to gender diversity and exploration day to day

Trans Identity

Trans is an umbrella term to describe people whose gender is in some way different from the gender they were assigned. This includes but is not limited to people who identify as transgender, non-binary, no gender, gender questioning etc.

The umbrella term trans is shorthand for transgender. The terminology is changing all the time, so we recognise we must be sensitive with its usage and keep our knowledge on the terms within the umbrella current and up to date.

At INSERT ORGANISATION HERE, young people are always given the opportunity to describe their identity themselves, rather than have a label ascribed to them through regular consultations.

Legislation

Legislation that informs the participation of trans people include the Human Rights Act 1998, the Equality Act 2010.

Dealing with the questions of staff, children, young people, their families and the wider community

There may be many questions that are asked by various people and it is important to be as clear and informative as possible. However, every circumstance is different, due to the unique experience of individual children and their families.

The Gender Identity Research and Education Society (GIRES) have produced some helpful training tools which can be used. Three Circles Fostering will use the materials as part of their Continuing Professional Development. The resources can be found at;

www.gires.org.uk/schools.php

INSERT ORGANISATION HERE train all their staff on trans inclusion and LGB inclusion annually.

Media Interest

Confidential information about young people will not be shared with others without their prior consent unless we are legally obliged to do so. If consent has not been sourced we should use phrases such as 'the young person has been discriminated against based on a protected characteristic'.

- INSERT ORGANISATION HERE will not engage with the press over this issue
- Staff must know their duties and responsibilities around data protection so that they fully understand why information is protected, and when, how and to whom certain information can be released.
- Any approaches from press must be reported immediately to management.

Confidentiality

All people have a right to privacy. This includes the right to keep private one's trans status or gender non-conforming presentation. Information about a child, young person or staff member's trans status, name, or gender assigned at birth also constitutes confidential information. INSERT ORGANISATION HERE staff should not disclose information that may reveal a child or young person's trans status or gender non-conforming presentation to others, including parents/carers and other members of the INSERT ORGANISATION HERE community unless legally required to do so or because the child has given permission for them to do so. Staff need to be careful about discussing the child beyond the confines of INSERT ORGANISATION HERE.

Trans children and staff 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 child or young person, INSERT ORGANISATION HERE personnel should defer to the child or young person' on what name and pronoun to use.

Managing specific issues

Uniform and expression at school and in the community

As for any other child, trans children should be expected to follow the school uniform policy of the school they attend. School uniform policies at schools should be trans inclusive so the young person can wear the clothes that affirm their gender identity. Uniform policies which specify gendered uniform options are breaking the Equality Act 2010 and should be challenged.

Depending on the individual, to begin dressing in the clothes associated with one's gender identity can be a big step and potentially daunting. This can often represent one of the earliest stages of transition and can be a profound statement of acceptance of one's identity and commitment to it. In doing so though, these young people are effectively 'outing' themselves to the rest of the school as trans or gender variant. Care must be taken to ensure that trans identified children are supported fully during this time.

More can be read about support in school via the Proud Trust website at <https://www.theproudtrust.org/>

Toilets at venues

Concerns usually stem from a worry that a trans child may find themselves in a vulnerable position and may be subject to transphobic bullying or unwanted attention that has the potential to escalate to something more serious such as physical or emotional or sexual harm.

Trans children should be able to use the facilities that they feel most comfortable with. This should include access to a gender neutral toilet. The Equality Act 2010 requires all public services, including schools to provide gender neutral toilets.

There are gender neutral toilets at the INSERT ORGANISATION HERE office.

Further Support

For advice and guidance on how to work with a trans young person who is in care, go to lgbtyouthincare.com for more information and download the toolkit 'Trans Youth in Care - a Toolkit for Social Care Professionals'.

Resources and Further Support

- Mermaids- Family and Individual Support for Teenagers and Children with Gender Identity Issues www.mermaidsuk.org.uk
- The Proud Trust. Home of LGBT youth. Lots of resources, youth groups and advice. <https://www.theproudtrust.org/>
- Gender Identity Research and Education Society (GIRES) www.gires.org.uk

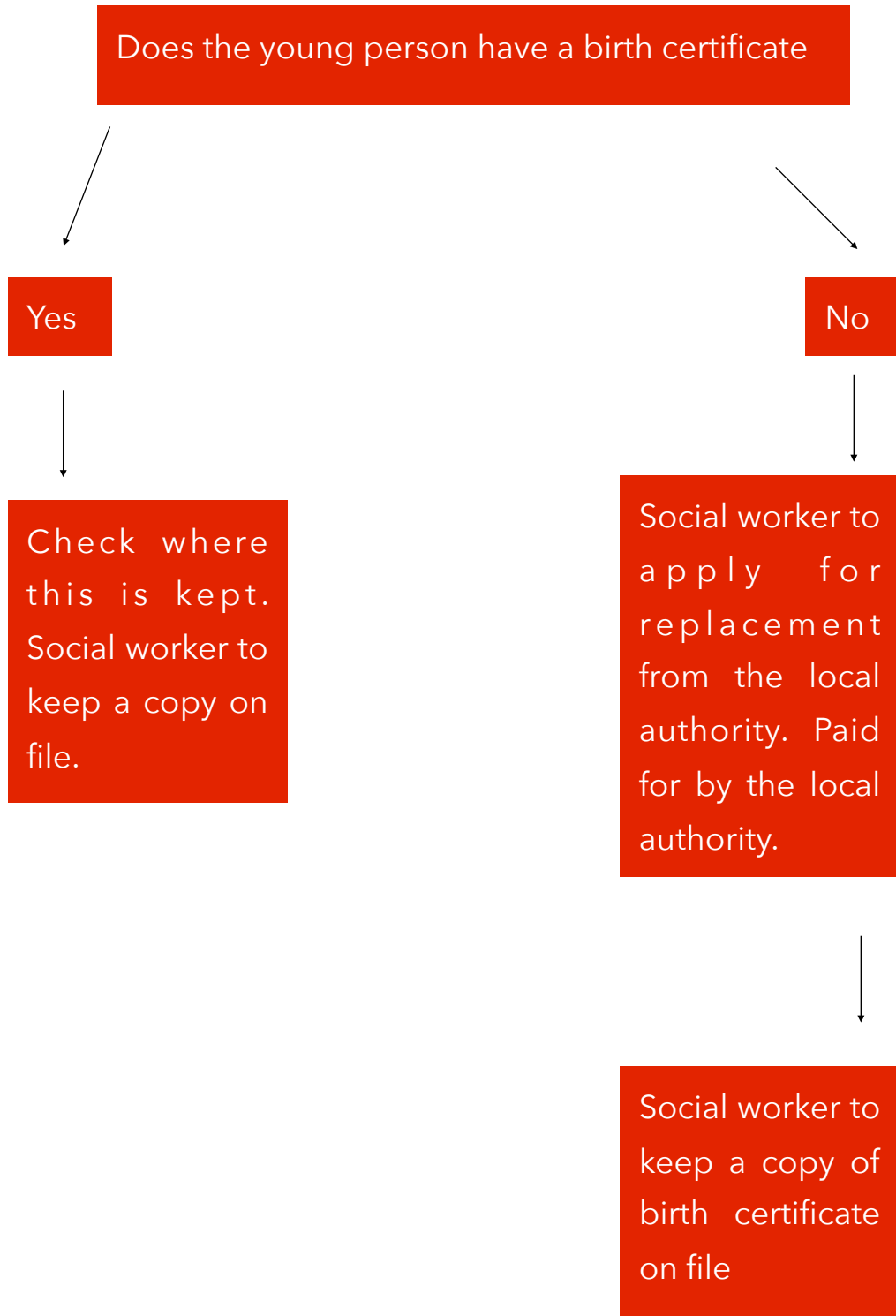
APPENDIX 5. CHECKLISTS AND FLOW PROCESSES FOR CARERS AND PROFESSIONALS

Through careful consultation with social workers, foster carers, care leavers and young people we have devised a checklist of best practise when working with a trans young person who is in care - to help make sure support is accessed quickly and to reduce the time it takes to access services because of legislative barriers. You may not need to follow all these processes, as the decisions are very much child led. So please use this as a guide instead of a 'must do' list. Resource sharing should happen with all young people, not just those out as trans.

- Birth certificate, for how to request (see page 27)
- Get young persons consent to share information with key people
- Change of name via deed poll and who to inform (see page 28-29)
- Changing name and gender marker on passport (see page 30)
- Make sure you feel adequately supported, use the resources section in appendix 2.
- Share young person friendly resources from page including information about GIDS and trans health care - see lgbtyouthincare.com
- If on a strict 'no internet' risk assessment, social worker to print resources for young person
- Find out about local youth groups - use support networks such as Mermaids and The Proud Trust to help
- Share this toolkit with others
- Read the resources on lgbtyouthincare.com
- Research and purchase resources for young people to affirm gender should they want these (page 40)
- Gender Identity clinics information (see page 10 and 31)
- Assign the gender journey part of the young persons plan to a manager who will be able to oversee all documents and forms are signed in a reasonable time as delays can be dangerous to the young persons emotional and mental health.
- Provide leaflets and literature to young person and inform social worker that a leaflet has been given
- All choice should be young person led
- Young people have the right to access resources that affirm their gender identity and should be supported to do this
- Some resources may need to be written into risk assessments. For example if a prosthetic penis or a binder is used, the safe storage, use and safe cleaning should be written into the risk assessment. Young people should be consulted on this and consent given to be written into the risk assessment.
- Keep log of websites visited with young person when exploring their identity or individually and inform social worker in weekly logs.

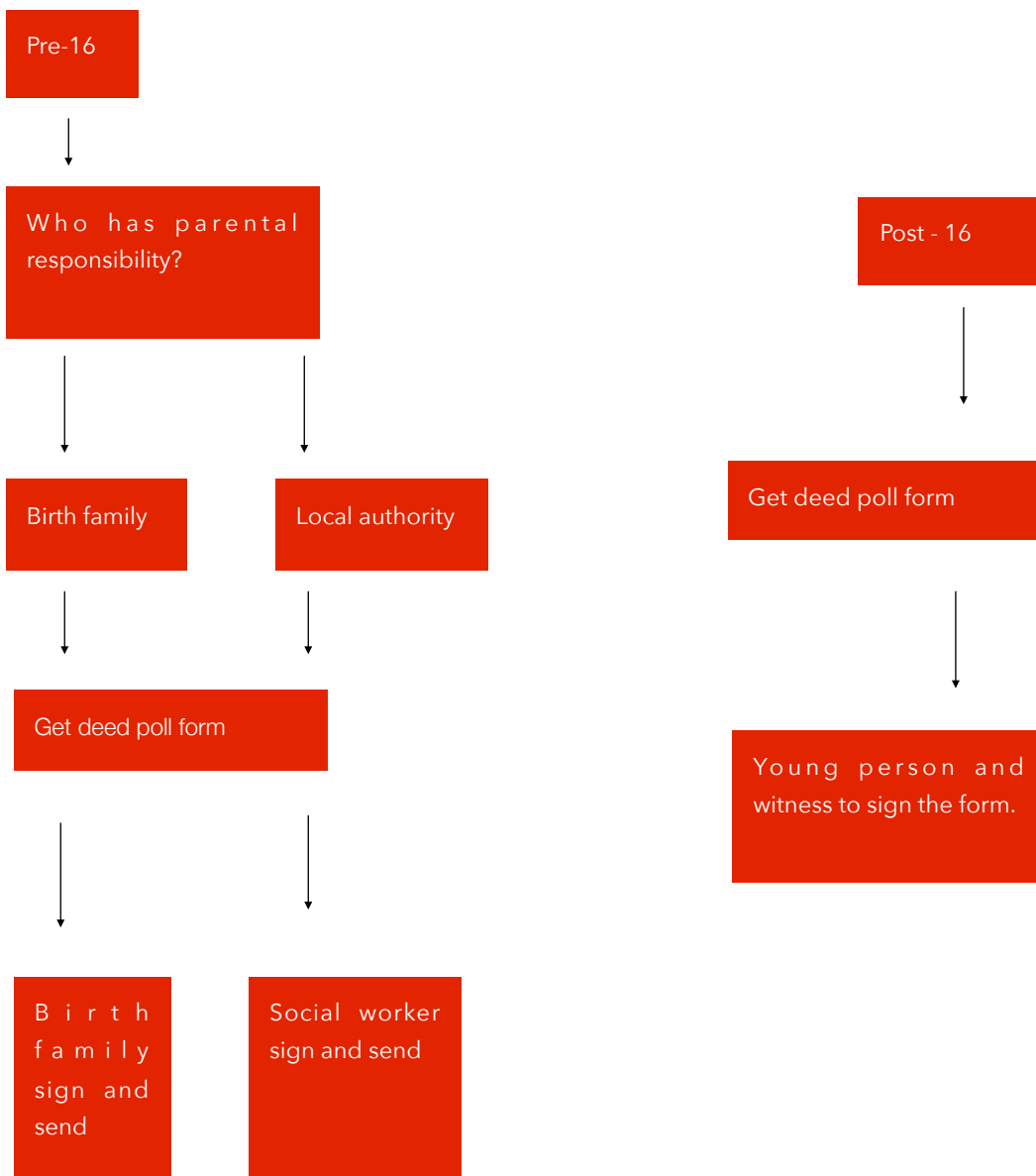
BIRTH CERTIFICATE

It is good practice to ask the social worker to apply for a birth certificate if you do not have a copy as the certificate may be needed. This should be paid for by the local authority. It is also good practice to get a copy of the birth family and grandparents birth certificate in case this is required.



CHANGE OF NAME

If a young person wants to change name, you do not need to disclose their trans status. You can change name by Deed poll. A Deed Poll document is a formal statement that enables you to prove to such record holders that you have changed your name. It is good practice to print two deed poll certificates. One of which can be kept on file. A deed poll form can be found overleaf. More information can be read here: <http://actionfortranshealth.org.uk/resources/for-trans-people/changing-your-name/>



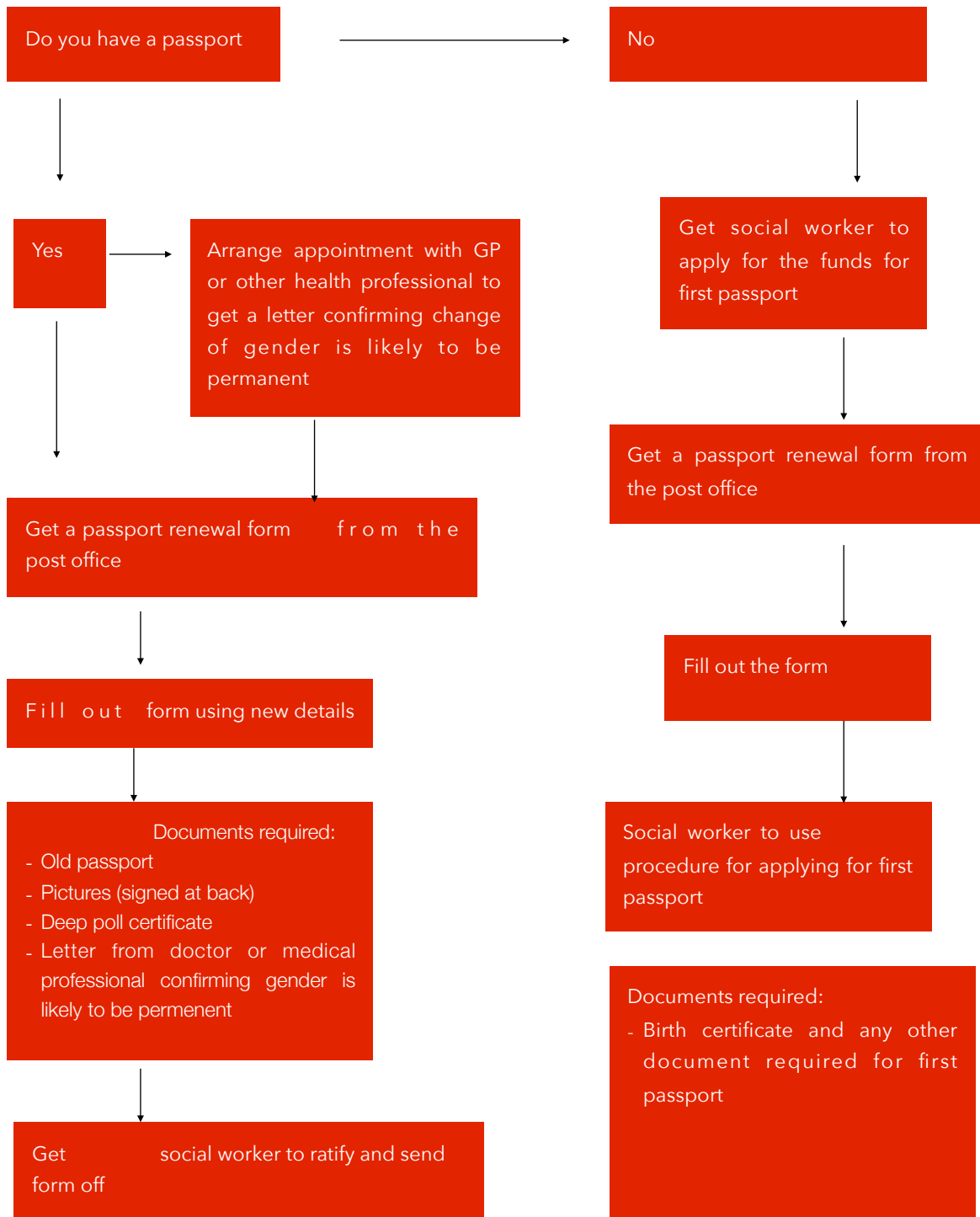
Young person is to sign the form. An independent witness must also sign the form. All signatures must be signed at the same time.

CHANGE OF NAME

If young person chooses a different name and gender marker. Most places will need to see a copy of the name change document, and some might need a covering letter from GP or psychiatrist. You might have to remind establishments to change the gender and title as well as the name. As with the detailed and sensitive nature of looked after children's data places may also ask for a letter from the young persons social worker showing permission given. If any place refuses to change the name, cite the Equality Act 2010 and the Data Protection Act.

For all	For the children with additional needs:-
Local authority DVLA GP Dentist Optician Organisations, clubs and societies School and exam boards Independent fostering agency If over 16 - HMRC (requires deedpoll) Inland revenue Child trust fund (requires deedpoll) Banks or building society (requires deedpoll) Anywhere a name is stored on a database Make sure the name is correct on provisional driving licence Social services records School/college/university evening classes Free school meals bus passes/travel passes Free school uniform Child benefit Post Office savings account, or similar. Income support etc. Housing benefit Council tax Clinics/CAMHS Social housing BITE card (proof of age for under 18s)	Social services records Respite service records School transport Speech therapy service Occupational therapy service Special needs education dept Nappy service Carers allowance DLA Family fund Any organisations [e.g. aiming high/contact a family etc] Any organisations dealing with aids [wheelchair service etc.]

PASSPORT - CHANGING NAME AND GENDER MARKER



N.B. currently UK passports only have female and male gender markers (May 2017)

ACCESS TO GIDS

- Make appointments with GP and ask for a referral to Tavistock
- Make a referral to CAMHS and ask for a referral to Tavistock (exploring gender identity is not a mental health issue, however a referral through CAHMS is often the quickest route to get medical support)
- Visit www.gids.nhs.uk for more information
- Social workers can refer young people but CAMHS is the quickest route
- Contact legal services to pre-empt any permissions in terms of parental responsibility (e.g. accessing hormone blockers). It is better to have the permission and not need it than to need permission and not have it
- Get access to local youth groups for support
- Plan who will attend appointments and request funds from social worker for travel.
- School and college must give time off for visiting appointments
- The process of accessing GIDS is emotionally draining and very intensive. Young people may need additional support to help them through this time.
- Best practice is to have an advocate available to the young person to fight for them and support them through this process
- If young person has requested hormone blockers and this is approved by tavistock then parental permission must be obtained (except in extenuating circumstances in which case ask Tavistock for guidance).
- You do not need any private or further assessments if the tavistock has approved hormone blockers.
- If parental permission cannot be obtained legal advice should be sought as denying access to medical treatments infringes of the young persons human rights

It is important to note that young people do not have access to any non-reversible medical interventions (including surgery). These can only be accessed through adult services post - 18.

If the young person is aged 17 a referral should be made to adult services. This should be through the GP. The young person can choose which of the Gender Identity Clinic's to be referred to and they can be referred to as many as they like. Travel, reviews and waiting lists might inform this decision.

APPENDIX 6. EXAMPLE GENDER IDENTITY PLAN

Gender Identity Plan (GIP)

It might be useful for professionals to draw up a gender identity plan, led by the young person. This is to ensure that the professionals responsible for supporting the young person follow through on their responsibilities. Here, we have detailed what a gender identity plan might look like. This was developed through consultation with a trans young person in care.

Name of young person

Pronoun

Date of birth

Young Person Details

Name	Surname
Pronouns	
Gender identity	Date of Birth
First Language	Is there any reason why the young person cannot fully participate in this plan?
If yes please explain why and what support was provided to the young person to increase participation	
Does the young person give their consent to the implementation of this plan?	

Care Details

Carer name/s	
Carers pronouns	
Carer address	
Carer telephone number:	
Carer email address:	

Social worker name	
Social worker pronouns	
Social worker address	
Social worker number	
Social worker email address:	

Number of social workers since coming into care	
Number of placements since coming into care	
Date entered care	
Current placement type	
Past or current health concerns	

Details of gender identity plan

Who holds parental responsibility?	
Parental consent? (if applicable)	
Consent from young person:	

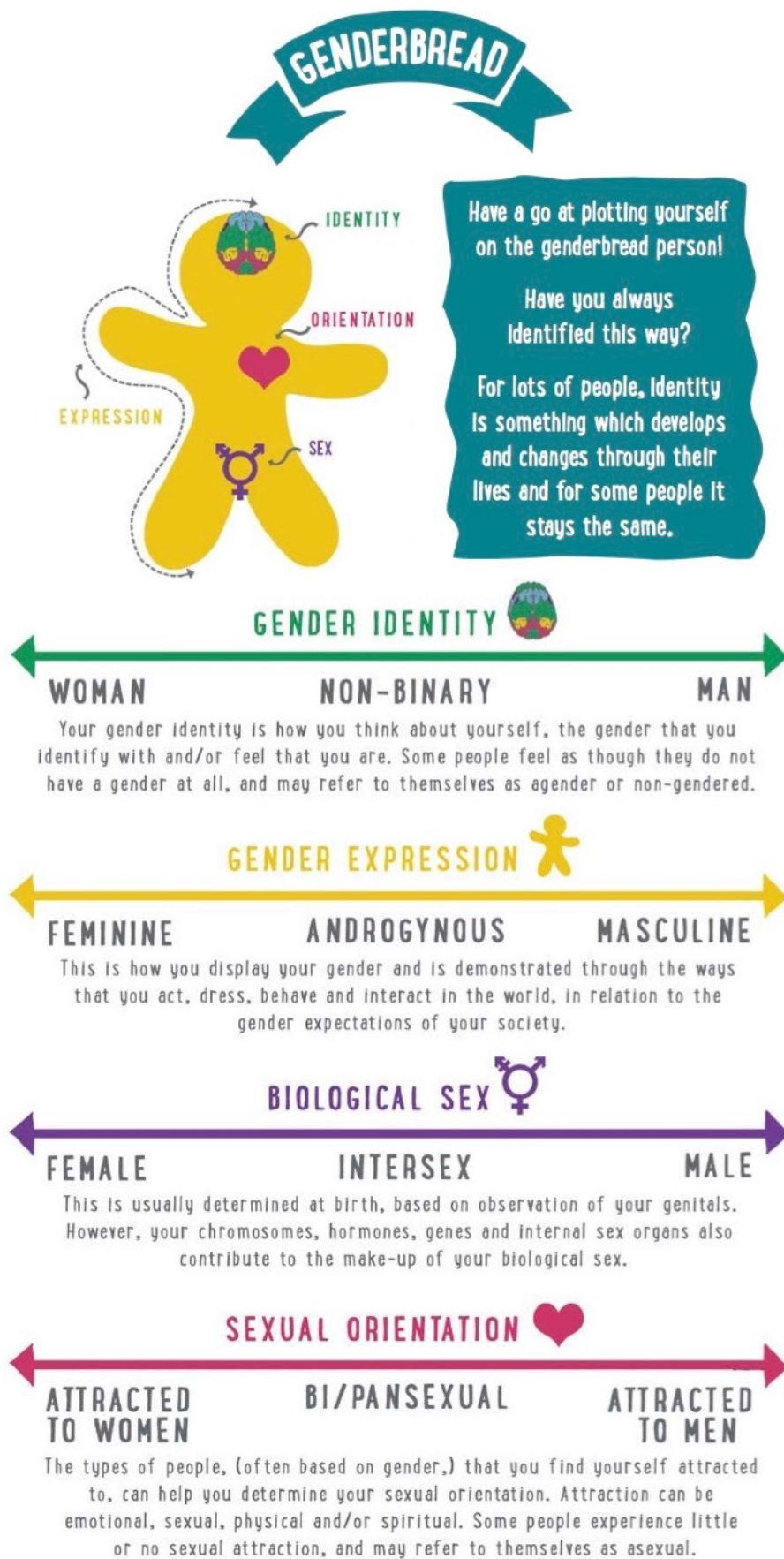
People involved in the GIP

	Name	Pronoun	Telephone Number	Require copy of the GIP	Email address
Young person					
Social worker					
Supervising social worker					
Designated teacher					
Parent					
Carer					
Mother					
Father					
Family member					
Advocate					
Virtual School					
Youth group					

*Young person has agreed to social worker sharing information in the GIP with the people named above

Circle if this form has been filled out independently, by the young person with help, by an adult through talking to the young person (this may include other forms of communication including symbols etc.)

	Independently	By the young person with help from an adult	By an adult* through talking to the young person
How would you describe your gender identity?			
What do you think might help you to explore your gender identity?			
Do you go to any clubs or groups?			
Who are your friends?			
What are you happy about?			
Is there anything you are unhappy about?			
What can we do to support you?			
What do you enjoy doing? Are you able to do these activities?			
Do you understand your rights??			
Are you interested in social transition?			
Are you interested in medical transition?			
Do you identify as trans?			
Any other comments?			



* This is not a diagnostic tool and may not fit everyone

Actions: add more actions when required at each review

What actions need to be taken	By when?	Outcome achieved?	Comment on outcome

Timeline of events: use this box below to detail key dates such as referrals to Tavistock, application of passport etc.

Date	Action	Comment

Review:

	Date of next meeting to review progress		
Review 1			
Review 2			
Review 3			

Checklist taken from the Trans Youth in Care Toolkit. This checklist should be used alongside the other resources outlined in the toolkit.

- Birth certificate, for how to request (see page 27)
- Get young persons consent to share information with key people
- Change of name via deed poll and who to inform (see page 28-29)
- Changing name and gender marker on passport (see page 30)
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- Share this toolkit with others
- Read the resources on lgbtyouthincare.com
- Research and purchase resources for young people to affirm gender should they want these (page 40)
- Gender Identity clinics information (see page 10 and 31)
- Assign the gender journey part of the young persons plan to a manager who will be able to oversee all documents and forms are signed in a reasonable time as delays can be dangerous to the young persons emotional and mental health.
- Provide leaflets and literature to young person and inform social worker that a leaflet has been given
- All choice should be young person led
- Young people have the right to access resources that affirm their gender identity and should be supported to do this
- Some resources may need to be written into risk assessments. For example if a prosthetic penis or a binder is used, the safe storage, use and safe cleaning should be written into the risk assessment. Young people should be consulted on this and consent given to be written into the risk assessment.
- Keep log of websites visited with young person when exploring their identity or individually and inform social worker in weekly logs.

APPENDIX 7. RESOURCES TO AFFIRM GENDER IDENTITY

There are a vast number of resources available to young people to support their gender affirmation, to learn them all will require you to research further. Below we name a few with links to other websites.

Accessories

Additional accessories may also be requested included wigs, jewellery, perfume/ aftershave, toiletries and make up. Care should be taken to ensure these purchases are led by the young person.

Binders

A **binder** can be used to flatten the chest in order to give the appearance of a male chest. There are a number of different binding methods such as using more layers, back supports, sports bra's and compression shirts.

Read more with links to purchase at <http://genderedintelligence.co.uk/projects/kip/genderex/flatchest>

Body forms

Body forms come in many shapes and sizes. They are resources used to change the shape of the body. These include breast forms or chicken fillets to fill the bra. You can also buy them to create the illusion of larger hips and buttocks. You can purchase underwear with the pads already inserted.

Clothing & Shoes

Clothing worn is the young persons choice. There are many styling techniques that can create a more feminine or masculine (or anywhere in between). Ask the young person what kind of clothing they would

like.

Packers

A **packer** is a phallic object worn in the underwear to give the appearance of having a penis. Stand to pee devices may also be used.

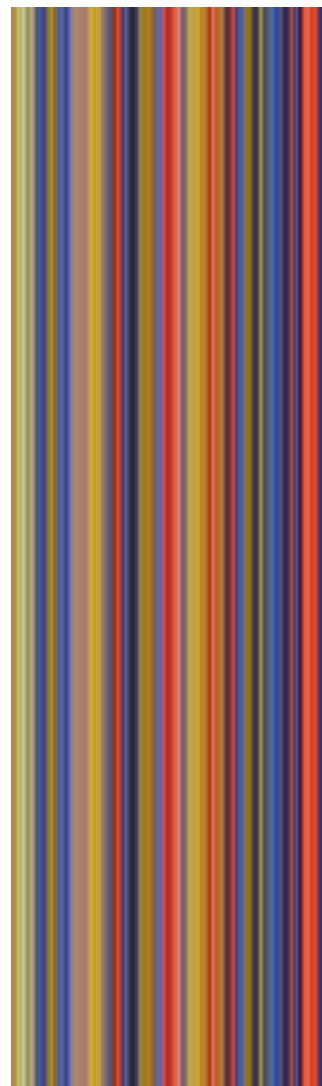
Tucking

Tucking is the process by which a person conceals the shape of the penis through the use of underwear. More can be read about this here <http://genderedintelligence.co.uk/projects/kip/genderex/tuck>

There are health implications to such techniques and care should be taken to ensure young people have all the healthy use information.

Young person led

Any resources purchased should be requested by the young person. You could signpost young people to websites or literature that detail what resources are available so that they can make a choice about what they might want.



APPENDIX 8. LEGAL HELP

Trans Equality Legal Initiative

The Trans Equality Legal Initiative (TELI) works to build a collective and strategic response to the widespread and entrenched discrimination and inequality experienced by members of the trans community. The founders came together with this aim after the Government released the 'Transgender Equality Inquiry'. This was the first Government Inquiry into the discrimination and abuse suffered by members of the trans community in the UK. The report outlined the systemic discrimination faced by this community in almost every aspect of their private and public lives.

Strategic litigation is often a tool of last resort but can, when used appropriately, effect real change in how the Government responds and addresses wide scale discrimination. The founders recognise from their own practices that it is only through working cohesively and strategically from both a policy and legal standpoint that real and substantive change is made. The founders are committed to realising this change.

If you require advice about how to navigate the legal system surrounding trans rights - please contact TELI for support.

<https://www.teli.org.uk/>





The Simple Guide to Inclusive Monitoring

All publically funded organisations have a legal duty to protect and promote across the nine equality characteristics/strands in the Equality Act (2010). These are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion/belief, sex and sexual orientation.

All nine are all equally protected under the law. There is a legal duty to know if and how publically-funded bodies meet the needs of people in relation to the nine equality strands. Organisations cannot achieve this in relation to gender reassignment or sexual orientation if they do not have any evidence base. It is therefore important to record data for this purpose AND USE IT TO AID SERVICE DESIGN.

If your organisation is monitoring many of the Equality Act (2010) protected characteristics, e.g. race, age, sex and disability, why leave out sexual orientation or trans identity? If you do, then you have a data gap, plus it sends a message out that these are less important to monitor than the others.

The ideal way to monitor is to have open fields so that respondents can respond in a way that is completely congruent with how they feel e.g.

‘I would describe my gender as:_____’

Larger organisations can find this approach hard to draw data from however, so many organisations opt for using some pre-defined categories, whilst also having an ‘other’ option.

There is no perfect system for this, and language is always changing, so it is useful to consult with users of services when developing your system.

Some useful things to note however are:

- It is important to ask sexual orientation as a separate question to a trans question because trans is not a sexual orientation.

- It is also important to separate out trans status from a gender question, because trans is not a gender, but a relationship to gender, e.g. you can be trans and a woman.
- Here is an example of how you might like to record this data:
 1. How do you describe your gender currently?
 - A woman
 - A man
 - Non-binary
 - In another way? (Please describe: _____)
 - Prefer not to say
 2. Do you identify as trans/ transgender?
 - Yes
 - No
 - In some ways (Please describe: _____)
 - Prefer not to say
 3. How do you describe your sexual orientation currently?
 - Lesbian
 - Gay
 - Bisexual
 - Straight (Heterosexual)
 - In another way? (Please describe: _____)
 - Prefer not to say

The invisibility of lesbian, gay, bisexual and trans (LGBT) people on monitoring forms compounds our general sense invisibility, and we are less likely to feel able to ask for support. This often leads to poorer mental health of LGBT young people compared with those who are not LGBT. For example, of the trans young people surveyed in 2014 in Greater Manchester, 76% have seriously self-harmed or attempted suicide. Undertaking inclusive monitoring will help LGBT people feel welcome in your services and more able to get the support they need.

Good luck and please contact us if you would like further guidance: info@theproudtrust.org

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