



**Ministry  
of Defence**

**Directorate Children & Young People  
Policy Directive 3.2.21**

**Supporting Transgender Children and Young People**

**Version 1.0 May 19**

# Preface

## Authorisation

1. This Directive has been authorised for use by the Director DCYP.

## Coherence with other Policy and Guidance

2. Where applicable, this document contains links to other relevant policies (including JSPs and Other Government Departments), as listed below

Related Policy and/or Documents	Title
JSP 342	Education of Service Children and Young People
JSP 834	Safeguarding
DCYP Policy Directive 3.2.1	Safeguarding in MOD schools/settings
DCYP Policy Directive 3.2.10	Behaviour and Discipline
<a href="https://gids.nhs.uk/guidance-schools">gids.nhs.uk/guidance-schools</a>	Trans Inclusion School Toolkit

## Further Advice and Feedback - Contacts

3. The owner of this DCYP Policy Directive is Assistant Head Safeguarding. For further information on any aspect of this guide, or questions not answered within the subsequent sections, or to provide feedback on the content, contact:

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## Review Date

4. This Policy Directive will be reviewed in 2021.

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# 1 Supporting a Trans Child

## Statutory Responsibilities

5. The Equality Act is not enforceable in all countries overseas; where – due to religious and/or cultural beliefs - identifying as Trans and undergoing gender reassignment is not supported by a statutory framework. More conservative cultures may dismiss, refuse to accept or even outlaw issues related to gender identity which could present a safeguarding risk. Because of this, the MOD cannot universally support children who identify as Transgender and are either considering or undergoing gender reassignment in all overseas locations. Where DCYP personnel become aware of a child in these circumstances they must seek advice in the first instance from the DCYP Safeguarding Team.

6. Where the Equality Act is applied, the direction and guidance in this document can be used by DCYP personnel to support children who are considering gender reassignment.

7. Gender reassignment is defined in the Equality Act as applying to anyone who is undergoing, has undergone or is proposing to undergo a process (or part of a process) of reassigning their sex by changing physiological or other attributes. This definition means that to be protected under the Act, a pupil will not necessarily have to be undertaking a medical procedure to change their sex but must be taking steps to live in the opposite gender or proposing to do so.

8. Schools must not treat pupils, or the children of transgender parents less favourably due to gender reassignment. They should check that there are no practices which could result in unfair, less favourable treatment of such pupils. For example, it would be unlawful discrimination for a teacher to draw attention to a pupil undergoing gender reassignment and cause embarrassment because of this characteristic.

9. The age of the child is irrelevant in relation to gender identity and all schools have a duty under the Equality Act to ensure that a child of any age feels comfortable at school.

10. The MOD does not provide the range of support services overseas that are available to trans children in the UK; Service children will therefore be referred to the NHS UK (England) by their Medical Centre. Detailed guidance is provided in the Trans Inclusion Schools Toolkit which can be accessed at the Gender Identity Development Service (GIDS) website ([gids.nhs.uk/guidance-schools](https://gids.nhs.uk/guidance-schools)).

## Safeguarding Considerations

11. The fact that a child has gender identity issues is not, of itself, a safeguarding issue. Such children may, however, be subject to prejudice, discrimination and misunderstanding, which can have a detrimental effect upon quality of life, and physical and mental health.

12. Whilst gender identity issues would not generally, in isolation, necessitate safeguarding intervention, neither should they be a barrier to such intervention. For example, In the case of *Re J (a minor) [2016] EWHC 2430 (Fam)*, the High Court found that a mother had caused her son 'significant emotional harm' in her determination that he should be a girl.

13. Where there is a suspicion that a child may be suffering significant harm as a result of gender identity issues then Child Protection Procedures should be considered.

## Aim

14. This document aims to provide guidance to DCYP personnel in the support of trans children. This guidance will need to be tailored to meet individual needs and there should be no expectation that children will conform to any single trans identity or follow any particular path of transition.

## Scope

15. This guidance is appropriate for all DCYP services, inclusive of MOD schools, Educational Psychologists and Advisory Specialists and CEAS. The Queen Victoria School (Dunblane) will follow Scottish direction and guidance.

## Non-MOD School Locations

16. Where appropriate, Service parents are to be advised that in some overseas locations, gender reassignment is not supported by the host country's statute. In these locations, the rights defined in the Equality Act are not enforceable. It is therefore critical that parents contact CEAS for advice and guidance prior to accepting a posting in countries that may pose a risk and where education may not be supportable. The International Lesbian and Gay Association (ILGA) and the Foreign and Commonwealth Office (FCO) hosts information on their websites on countries that may pose a risk to trans individuals.

## MOD Schools

17. **Whole School Approach.** To support and keep safe trans children and young people, all MOD schools will need to develop a whole school approach based on the following principles:

- a. Difference and diversity are celebrated, and children see themselves reflected and valued in the school culture and environment;
- b. Systems and processes acknowledge trans issues and appropriately support trans children;
- c. Where activities are gender specific (e.g. Girls' or Boys' sports teams), enable children to access activities that correspond to their gender identity;
- d. The whole school community challenges and records bullying and prejudice-based incidents effectively;
- e. The curriculum provides opportunities to challenge gender stereotypes and provide visibility of trans people and their achievements;
- f. Relationships with parents/carers, pupils and staff are positive and responsive to individual needs and preferences;
- g. Inclusion of trans issues in equality training for staff and governors and participation in LGTB events (History Month).

18. **Language.** 'Trans' is an umbrella term describing people who "experience the need to present themselves as and/or who identify as other than the gender they were assigned at birth".

19. Members of the school community should use the preferred pronoun (he/him, she/her) for a trans child and where possible, use language which does not reinforce binary gender stereotypes (males and females) but is inclusive of children who do not see themselves as male or female.

20. **Individualised Support.** All support offered to a trans child starts with identifying their individual needs. Not every child will require support from the NHS's Child and Adolescent Mental Health Services (CAMHS) and it is vital that children have the opportunity to talk (and are listened to) about their gender (how they identify, how they feel, the genesis of their gender questioning), regardless of whether they subsequently transition. These initial conversations may also be used to identify how the school can support. Further advice is available from DCYP's Safeguarding Team and/or DCYP's Public Health Nurse Advisor.

21. It is important to understand what 'transition' means to the individual child; broadly, aspects of transition can be divided into 'social' or 'medical'. Social transition is choosing to live your life as your preferred gender and may include:

- a. A name change;
- b. A change in pronoun (he, she);
- c. Wearing clothing that is associated with gender identity;
- d. Using toilets/changing rooms appropriate to their gender identity rather than biological, as agreed in the child's transition plan.

22. Medical transition is a process by which a trans person takes steps to physically alter their body. Some trans children will hope to undergo both social and medical aspects of transition and some will choose just the social aspects. Transition goals may change over time and the support offered needs to be sensitive to this. Once schools have an understanding of how a child is planning transition, they should work to facilitate adjustments at school which remain informed and consistent, making use of the guidance in this document.

23. **Support Plans.** Planning support must be responsive to a child's individual needs and as such should evolve with the child's transition journey. It must be understood that children will develop differently, and some may not wish to have a support plan, particularly in the early stages of their gender development. Plans should therefore be based on robust risk assessment of a child's needs in the MOD school context and may consider a range of accommodations:

- a. **Curriculum.** The school environment, curriculum, assemblies and tutor time can be used to explore issues of gender, gender identity and trans phobia and to raise visibility and celebrate trans people.
- b. Grouping children by gender may have an impact and staff should consider whether this is critical to the learning and where alternative grouping by identity rather than biological gender can be used safely.

- c. There may be occasions where single gender work is needed (sex and relationship education or to support the learning needs of a particular group) and providing a clear need is identified, the Equality Act allows for such provision. For example, a trans boy could attend a boys' reading group if his literacy required targeted support.
- d. **Uniform and dress.** Trans pupils have the right to dress in a manner consistent with their gender identity or expression. Schools should therefore provide a choice of approved items of uniform. By allowing a child to dress in clothing they feel comfortable in, schools are empowering self-expression by bringing outward appearance in line with internal gender identity. This can represent one of the earliest stages of transition and is a statement of acceptance and commitment to gender identity. It raises visibility of a child's chosen gender identity within the school community and therefore support is important at this time.
- e. **Names and pronoun change.** MOD schools will need to respect a child's request to change name and pronoun and consistently use preferred pronouns and names to protect confidentiality.
- f. A change in name by deed poll is not required to make a change to school records. Gender has to remain the one that was registered at the time of the Unique Pupil Number (UPN) assignment, unless the birth certificate/legal gender is changed through Gender Recognition Certification.
- g. For exam entry and exam certificates children will have to use their birth name and gender unless this has been changed by deed poll. The Joint Council for Qualifications paper work states that: 'the centre agrees to: enter candidates under names that can be verified against suitable identification such as a birth certificate, passport or driver's licence.' Therefore, Schools are to check that the name the candidate is using within the centre is his/ her legal name rather than a 'known as' name. Once a result is accredited it must be linked to the UPN or Unique Learner Number (ULN) which was captured in the school census information submitted in Jan of the exam year.
- h. Schools will need to agree a strategy with pupil and parents/carers and agree this with the appropriate exam boards prior to starting GCSE courses. It is important to note that DfE analysis of school performance may still present the pupil in the gender registered by their UPN.
- i. **Toilets.** Pupils have the right to access the toilet that corresponds to their gender identity. Any pupils who need or desire increased privacy, regardless of the underlying reason, should be provided access to a single stall toilet, but no pupil shall be required to use such a toilet. It is important to be sensitive to the needs of all children and appropriately manage cultural differences and potential conflicts when planning access to toilet facilities.
- j. If a school is undergoing refurbishment/building work and has an opportunity to make changes to the toilet facilities, it should do so. The Department for Education publishes detailed guidance to help schools understand their obligations and duties in relation to the School Premises Regulations 2012.
- k. **Changing rooms.** The use of changing rooms by trans pupils should be assessed on a case-by-case basis in discussion with the trans pupil. This approach

is underpinned by the Equality Act 2010, whereby refusing a child or young person access to the changing room of their gender identity would constitute an act of discrimination. It is important to be sensitive to the needs of all children and appropriately manage cultural differences and potential conflicts when planning access to changing rooms with trans children.

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

m. **PE and fitness** Schools should aim to reduce, as far as reasonably practicable, segregating pupils by gender. Trans pupils should be supported to enable equal access to PE and where lessons are segregated by gender should be enabled to participate in the activity which corresponds to their gender identity if this is what they request.

n. Most schools organise PE groups as mixed gender for the first two years but later in the school system, PE groups separate into gendered groups. Lessons should be carefully structured and managed and learning appropriately differentiated, taking into account the range of size, build and ability in the class. Issues should be discussed with trans pupils themselves and if appropriate with their parents/carers.

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

p. **Residential trips.** To exclude trans pupils from residential trips would be contravening the Equality Act. Discussion, care and preparation is required to enable trans pupils to participate in residential trips and planning needs to be sensitive to the cultural differences within the whole group. As far as reasonably practicable, trans pupils should be able to sleep in dorms appropriate to their gender identity or provided with alternative sleeping and living arrangements.

q. The degree of participation in physical activities that a trans child feels comfortable with should be discussed prior to any residential trip with them and if appropriate their parents/carers. Where a trans child feels that they do not want to or cannot participate, alternative arrangements should be made to allow for those pupils to participate in a more appropriate activity. Risk assessments should be carried out prior to residential trips in order to make reasonable adjustments which would enable the participation of trans pupils or students.

r. Schools should consider and investigate the laws regarding trans communities in countries considered for school visits. The International Lesbian and Gay Association (ILGA) have information on their website about countries that pose a risk to trans individuals.



24. **Confidentiality and information sharing.** All pupils have the right to privacy and this includes the right to keep trans status or gender non-conformation private. School staff should not disclose information that may reveal a pupil's status to others, including parents/carers and other members of the school community without the pupil's permission, unless legally required to do so. Staff should not discuss trans pupils outside of school.

25. When a child initially discloses their trans status is important to talk to them about confidentiality and who, if anyone, they would like information to be shared with. When contacting the parent/carer, school staff should use the pupil's gender assigned at birth unless the pupils and parent/carer has specified otherwise.

26. Any reasonable adjustments should be provided in a way that protects the pupil's ability to keep his or her trans status confidential.

27. **Working with parents/carers.** When working with parents/carers, schools are to bear in mind that they are representing the interests of the child. As far as reasonably practicable, care is to be taken to ensure the wishes of the individual pupil are taken into account when supporting them through potential transition.

28. **Moving Schools.** The management of a move between schools needs careful consideration and good communication between old and new school. The rights, thoughts and concerns of a child and their parents/carers will need to inform preparations. Where reasonably practicable, identifying a single point of contact in the new school who can support preparations for both child and school community prior to arrival, may help smooth moving schools.

29. **Transition and medical intervention.** Whilst most support for young trans people in schools will be around the social aspects of transition and only some trans children will be planning medical transition, it will be the case that for any young person undergoing medical transition, there will be an impact on their time at school. An understanding of some of the key stages of medical transition will enable school staff to be supportive. Medical treatment is provided in a series of phases that include:

- a. Psychological assessment and counselling would initially happen locally in the UK (England) with a CAMHS worker who would then refer to a Gender Identity Clinic.
- b. Medication to block the production of the natural hormones that feminise or masculinise the body during puberty. This may be followed by prescribing hormones to masculinise or feminise the body;
- c. Gender reassignment surgeries would not usually be carried out until a person is over 18 years.
- d. Where a child is accessing support from outside of school, provisions must be made in order for the student to be absent from school but to also maintain their confidentiality at all times when complying with absence procedures. The pupil may need time off for a medical appointment and it should be recorded as an M code rather than being off sick.