

# Westbrook Short Break Unit

## Transgender Guidance

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### 1) Introduction

This policy provides guidance when working with young people who identify as transgender. When devising this document I acquired the information using The Rides Transgender policy (this ensures an inclusive policy that applies to all young people), Gender Identity Development Service ([gids.nhs.uk](http://gids.nhs.uk)) and Trans Inclusion Schools Toolkit (Brighton and Hove City Council).

### 2) Legislation, Guidance/Good Practice and Support

#### 1. Principles

Westbrook is firmly committed to the principles of equality and diversity in both employment and delivery of services. This means:

- Promoting equality of opportunity for Trans people;
- Eliminating discrimination for Trans people that is lawful under the Equality Act 2010 and Gender Recognition Act 2004;
- Promoting equality of opportunity and helping to foster good relationship between Trans people and other people.

#### 2. Legislation

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The House of Commons Select Committee Report **Transgender Equality (2016)** found that gender variant young people and their families face particular challenges at school. Sixty recommendations were made including:

- Considering the emotional impact and supporting young people;
- How to respond to young people telling you this;
- Recording a change of name and gender;
- Bullying;
- Inclusion in sport; and
- Access to toilets.

**Transgender Guidance for Schools July 2015** (Intercom Trust, Devon and Cornwall Police, Cornwall Council) provides useful guidance on supporting children and young people, including guidance on practical considerations such as sports and physical education, toilets and changing facilities, and issues that may be important in the context of school trips. Whilst this guidance is primarily written for schools, it is of interest to other situations such as residential children's homes.

The guiding principle should be to listen to, respect and act upon the expressed wishes of the child/young person.

**The Equality Act 2010** ensures legal protection against discrimination (direct or indirect) for everyone under the nine protected characteristics defined in the Act, one of which is Gender Reassignment (also known as Transgender). In order to be protected under the Act, a person will not necessarily have to be undergoing a medical procedure to change their sex, but they must be living permanently in their preferred gender or intending to so do.

**Example:** a born female person increasingly changes their clothes to become more masculine, adopts a new style of address e.g. Pat instead of Patricia. As s/he enters his/her late teen years s/he is increasingly perceived as a man and by the time s/he is 15, Pat has gradually become Patrick. Though some neighbours know Patrick's past, Patrick is very happy with the situation in which everyone else regards him as a man. For the Equality Act 2010, Patrick is a person who has undergone gender reassignment despite never having been assessed, taken hormones, or had any surgery.

The **Gender Recognition Act 2004** is mainly concerned with the process by which a person can get a Gender Recognition Certificate, and correct their original birth certificate to match their true gender (if their birth was registered in the UK). This can only occur after a person turns 18.

A person with a Gender Recognition Certificate has no obligation to disclose the fact, although they may need to do so in certain circumstances. These include, for instance if a:

- Criminal records or safeguarding disclosure is required (though the employer would not be informed by the Disclosure of Barring Service (DBS) of the **Gender Recognition Certificates**;
- Medical assessment is required and this involves information about surgery undergone or medication taken.

**It is a criminal offence to disclose someone's gender history if they hold a Gender Recognition Certificate.**

### **3. Safeguarding Considerations and Reporting Hate Crimes**

#### **Safeguarding Considerations**

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. In UK surveys of Tran's people, about half of young people report that they have attempted suicide.

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.

Based on the findings the key question in this case was whether signs of possible gender conflict genuinely originated from the child, or were solely the perception of its mother; and this underlines that where the child's views and perceptions are at variance with the parents' views and perceptions, the presumption has to be that the child's own views and perceptions must always be listened to with respect and given their full weight.

Different cultures may take widely differing views of gender identity issues. Whilst some countries provide legal recognitions for a 'third gender', more conservative cultures may dismiss, refuse to accept or even outlaw issues related to gender identity. Children may be prevented from expressing their gender preferences, which may be detrimental to their emotional wellbeing, and may suffer discrimination, bullying and abuse. Intersex children may have unmet medical needs. In some cultures, children with gender identity issues may be ostracised from society and denied of basic human rights. In extreme cases, some, such as intersex people, may be denied the right to 'legally exist', for example being denied the right to a birth certificate, which in turn denies them rights to education, employment and healthcare.

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

#### **Reporting Hate Crimes**

Hate crimes are crimes committed against someone because of their disability, gender-identity, race, religion or belief, or sexual orientation.

Hate crimes can include:

- Threatening behaviour;
- Assault;
- Robbery;
- Damage to property;
- Inciting others to commit hate crimes.

If a hate crime has been committed, please see the **[GOV.UK guidance - Report hate crime online](#)**.

#### **4. Transgender Identity**

A Transgender person feels that their external appearance (sex) does not match up with the way they feel internally about their gender identity.

A Female to Male (FtM) person will have been assigned a female sex at birth yet identifies their gender as male; a Male to Female (MtF) person will have been assigned as male at birth yet identify their gender as female.

Note that some people will identify as non-binary which means they do not believe that there are just two genders and they exist outside of the gender binary. Some people want either more options for gender or the option not to have one at all.

*Important: Gender identity and sexual orientation are completely different things.*

Gender identity is about your innate sense of being male, female, both or other. People are assigned a gender identity at birth based on their sex characteristics.

Sexual orientation is a term used to describe the focus of a person's sexual attraction and desires. A person may therefore describe themselves as being heterosexual, bisexual, gay or lesbian.

You can therefore be transgender and heterosexual or gay/ lesbian/ bisexual/ asexual.

#### **5. Use of Pronouns**

Pronouns are used in sentences where a person's name would otherwise go. 'He' for male, 'she' for female, and 'they' is gender-neutral. There are specially-coined gender neutral pronouns which can be used, such as 'xe', or 'ze', but these are not universally widely known.

Using the appropriate pronouns when talking to someone who is transgender works on the basis of respect for the individual. Generally the name the person chooses to use indicates their gender preference. So, a transgender child/young person called Steve may be referred to as "he", while another called Rachel may well prefer to be "she". But if you are unsure, it's best to ask the child/young person or adult politely how they wish to be known, and to respect their choice.

This is especially so if you suspect someone identifies as non-binary, in which case a gender-neutral term like "they" may be more appropriate.

#### **6. Managing Phone Calls**

The utmost discretion is needed when working in offices where members of the public may make incoming calls. Staff need to be alert to voices that do not match names and titles.

The main issue is likely to be associated with transgender women, (this includes young women, registered at birth as male now living as women). Many transgender women are unable to raise the pitch of their voice and treatment with female hormones has no impact on this so, particularly on the phone, their voices will sound masculine. Those taking incoming calls may jump to conclusions about the person, and say 'sir', which will be very upsetting.

Operators should listen carefully to the name, and if that doesn't give sufficient clue, or if a mistake has been made, then it is best to apologise, ask politely, 'how do you like to be addressed?' Make a note immediately of the name and matching pronouns and title, so that any ongoing conversation and future correspondence will not give offence.

## **7. Recording Names**

Accept a person's decision about their gender identity:

- Respect their fundamental human right to be true to themselves;
- Accept that living in accordance with their core gender identity is absolutely essential for their future happiness;
- Use the name and pronouns that person prefers: "he" or "she", "they". You may get it wrong, apologise and try to use the correct one even when the person concerned is not present;
- Where a young person is under the age of 18, their wishes must be taken into account when recording any aspect of their identity on LCS;
- Where a young person is under the age of 18, social workers and administrative staff must ensure that all communications and current information they hold regarding the gender identity of the young person are correctly reflected.

## **8. Changing Titles and Names**

Changing their name and gender identity is a pivotal point for many Transgender people. If a Transgender person wishes to have their personal data recognised on our social care systems, this needs supporting and will feed on to any communication we will have with the person.

### **Changing Titles**

Most titles (such as Mr, Ms, Miss, Mrs and Mx) are not controlled by law in the UK.

Anyone can change their title to any of these, or one of the many other options, without doing anything special and without any documentation. We should therefore update titles on request. People can use any title regardless of their legal gender.

Certain titles (such as Dr, Prof, Lord, Sir, etc.) are controlled by law and people cannot change their title to them unless they are entitled to use them.

### **Changing Names**

In the UK the law says that a person can change their name just by starting to use a new name (subject to parental permission if they are under 16).

As long as it is not for fraudulent reasons, there is no legal requirement for any documentation whatsoever when it comes to making a change of name and people can have as many names as they want.

In practice many organisations will not update records without seeing evidence that the person's name has changed and that they have abandoned their previous name. There are several ways to produce this evidence:

- Free deed poll (or using deed poll services or deed poll enrolled with the royal court of justice);
- Statutory declaration;
- Royal licence.

During transition, staff, in line with best practice, will discuss with the person the expected date when their names and personal details will need to be amended. After the person has successfully transitioned into their new gender role:

- If we need to keep old records, (reasons for this decision would need to be explicit and agreed by all parties concerned), then these will be kept in a locked down confidential electronic file, only accessible to named persons.

### **Changing names when the person requesting it is 16 or 17**

A 16 or 17 year old does not need anyone's permission to change their names unless there is a court order in place that says they can't (in which case they will have to wait until they are 18). Anyone who has parental responsibility for them could ask a court to overrule it, but the court would usually allow the name change apart from in exceptional circumstances.

### **Changing names when the person requesting it is under 16 years old**

The young person will need permission from everyone who has parental responsibility for them - even if they haven't had contact with one or all of them for years. Usually this means the people who are named on their birth certificate or adoption certificate. If they are under a care order then the Local Authority will have parental responsibility so they will have to consent. Where this is required, consent should only be made by the Service Manager in consultation with the Operations Director who is the Delegated Authority for the child.

Where there is a shared responsibility for the Looked after Child between the parent and the Local Authority and the young person does not want the parent/s to be informed or contacted about a decision to change their gender identity, the Local Authority must always seek legal advice before giving consent.

For more information on Government guidance on Gender Recognition Certificates (T455) under the Gender Recognition Act 2004 and how to apply for those over the age of 18, please see the [GOV.UK website](https://www.gov.uk/government/guidance/gender-recognition-certificates).

Important: The Trans person does not need to provide us with a Gender Recognition Certificate before we amend our records and the question about whether or not a person has a Gender Recognition Certificate is irrelevant and must never be asked. However, if they wish to inform us that they are in possession of a certificate and wish to have it documented, we may do so.

## **9. Recording on LCS**

In all instances where a child, young person, parent or carer has a preferred name and/or pronoun, LCS records should, in addition to their legal name and gender at birth, also include a notification of their preferred name and/or pronoun in the Personal Details Tab on LCS, within the Case Summary and any relevant records.

## **10. Accessing Toilets**

Toilets and changing facilities are often deemed the most sensitive of all the issues. Concerns are that people may find themselves in vulnerable situations where they could fall victim to unwanted attention that could escalate into assault or emotional harm.

**Pre-transition** (this does not mean pre-surgery, it only means before the person lives full-time in their preferred gender):

Transgender people should be able to use the facilities of their preferred gender. If they are not comfortable with using these facilities, then an accessible toilet should also be provided.

**Post-transition** (this does not mean post-surgery, it means when the person presents full time in their acquired gender role):

Facilities such as toilets and changing rooms should be accessed according to the full-time presentation of the person in the new gender role. It is never appropriate to insist that a person who has transitioned, use only the accessible or unisex toilets unless these are the only facilities available or if they are preferred by the transgender person. If others do not wish to share the “ladies” or “gents” with a transgender person, then it is they, not the trans person, who must use alternative facilities.

## **11. Good Practice Tips (General Tips and Tips Specific to Children and their Families)**

### **General Tips**

- **Treat transgender people as you would all other service users whilst considering the additional sensitivities they may face;**
- **Try not to assume someone’s gender simply by their appearance.**

Try not to assume you can always tell someone’s gender by looking at them or hearing their voice. Take each individual person’s lead regarding language. If someone makes it clear how they would like to be addressed in terms of their gender, especially as regards their name, pronoun and / or title, then respect those choices;

- **Consider whether you need to ask someone’s gender;**
- **Assume everyone selects the facilities appropriate to their gender.**  
A transgender person should be free to select the facilities (such as toilets or changing rooms) appropriate to the gender in which they present;
- **Accept a range of ID other than a birth certificate - you do not need to see a Gender Recognition Certificate (GRC) to amend personal details;**
- **Ask those who transition whilst using your services how you can support them.**

If someone transitions whilst using your services, ask the transgender person what would make them feel most comfortable at that time. It is sometimes useful to make a plan. For instance they may be ready to move to the facilities of their self-identified gender or they may wish for additional privacy at this time. Also you may decide to agree a date for the person’s new name and pronoun to be used and for phone lists or registers etc. to be updated;

- **Update documentation and records efficiently and sensitively.**

A transgender person may wish to be referred to by a different name and pronoun and require their gender marker to be changed on documents and systems. The vast majority of documentation can and should be changed upon request as it simply enables you to identify a particular individual within your setting and has no other ramifications. In many instances it is not even necessary to see a formal name change document;



- **Publicise your good practice and inclusivity to diverse groups.**

Transgender people can experience difficult challenges - ranging from disappointment to outright fear and physical harm. Consequently, transgender people tend to look for clear evidence that service providers are transgender-friendly anywhere they are going, applying to, or otherwise engaging with. People may not use services or visit premises for fear of a negative response unless services make it clear they are welcome. Where appropriate, it can be helpful to include a statement of diversity values and make it visible.

### **Specific Practice Tips When Working with Transgender Children and Families**

- Be aware of the issues being raised affecting transgender children and young people as well as the socio-political factors in the construction of gender identity and the limitations, as well as the diversity of gender expressions;
- Understanding that there are as many ways to be transgender as there are transgender people. While you may hear the phrase “transgender community,” it should not be taken to mean that all transgender children are identical, that they have the same experience or understanding and view of gender;
- The child or young person may have a chosen name that they prefer. It is acceptable to ask someone what name they prefer and then to respect their wishes. Use gender-neutral language and open-ended questions during C&F assessments or interviews.

#### **3) Transgender Guidance and how to apply it to Children with a Disability.**

I assess challenges when applying this guidance to children with a disability being that their parents and guardians being disparaging and/or having an Asexual view of the young person. In this situation it would be in the young person’s best interest to seek an advocate to support them.

If a young person with a disability wishes to change their name and is under a care order then the Local Authority will have parental responsibility so they will have to consent. This should be made by the service manager and Operations Director who is the Delegated Authority for the child. Where there is a shared responsibility for the Looked after Child between the parent and the Local Authority and the young person does not want the parent to be informed or contacted about a decision to change their gender identity, the Local Authority must always seek legal advice before giving consent.

If a young person expresses that they want to explore their Transgender sexuality Westbrook staff need to discuss how best to proceed with the unit manager and meet with the young person to make a plan such as providing clothing, make up and privacy.

In regard to use of toilets Westbrook provides unisex bathrooms which meets both male and female needs.

Transgender people can experience difficult challenges and will tend to look for clear evidence that service providers are transgender-friendly. Westbrook has provided a positive notice on the wall which includes a statement of diversity and values and have made it visible.

## 6.4 Pupils and students with special educational needs and disabilities

Children and young people with SEND may need additional support in understanding or accepting their own identity, learning about those who are different to them, and understanding that difference is to be respected and celebrated.

Staff, parents, carers, and wider professionals may need support in understanding that a SEND pupil or student is just as likely to be trans or gender questioning as any other person. Indeed, lived experience and some developing incidence based research is showing that there is a higher prevalence of those who question their gender identity in those on the autism spectrum. Ensure that a pupil's words or actions are not automatically attributed to their SEND, for example, preferences for clothing types or hair length being seen as a sensory need, or behaviours described as a new special interest, fascination, curiosity or phase. Whilst these may be true, it is important to listen without judgement so that expressions of questioning gender identity are not dismissed.

Emotions related to gender identity are complex for anyone to understand and express, and this could obviously be exacerbated in those with communication and interaction difficulties. Some pupils and students with SEND may not see the need to communicate, and may not understand that others don't already see them in the same way as they see themselves or know themselves to be, due to them thinking everyone knows the same things they know and shares their one perspective. This could obviously lead to increased frustration, anxiety and impact negatively on well-being and mental health. Providing 1 to 1 support for the child or young person would be beneficial to provide time and space to explore issues in a non-judgemental, safe context.

The trans pupil or student may benefit from social rules or scripts around what is socially acceptable and what is not e.g. what it is OK or not OK to say or do in different contexts. It may be that some of these rules or expectations are different for different genders socially, and some things that had to be taught to the young person originally e.g. the unwritten rules of using public toilets, may need to be taught again to help the pupil learn to socialise in their affirmed (rather than assigned) gender.



Empathy difficulties may mean they need support to understand what others may be thinking or feeling, and tools like Social Stories, Comic Strip Conversations and Mind Mapping may help give ideas and strategies. In addition, there may be potential increased vulnerabilities of a young person with SEND and so staff will need to ensure they are given increased support as needed, and are taught about general threats and risks from others including around online safety.

Further reference is made to the support needs of pupils and students with SEND throughout this toolkit and particularly in section 7 on specific issues.

#### 4) Further Guidance and literature

Acquired Information: Gender Identity Development Services (GIDS)

Tavistock and Portman NHS Foundation Trust

**Reference:** <https://gids.nhs.uk/about-us#values-and-ethos>

#### **Why do I feel this way?**

If you are asking about why you are questioning your gender or why you feel that you are transgender, then the honest answer is we do not know exactly why this happens to some people. There are lots of ideas and theories about why but when it comes to something as complicated as gender identity nothing explains things 100% for 100% of people. What we can say is that there are likely to be a lot of different factors that shape you as a person. Your biology, your personality, your life experiences and thousands of other things all add up to make you.

Some people feel strongly that they are “born this way” when it comes to their gender identity, and they might find the idea of having, for example, “a boy’s brain in a girl’s body” helpful in explaining their experience. Other people aren’t so sure. We know that how people experience and show their gender, and how people respond to gender non-conformity, is linked to the culture and the time in which they live.

As a service, we keep in mind the different ideas and theories people may have about why they feel a particular way. It’s impossible for us to have one theory as we see so many different people, with so many different experiences and hopes. In some families, different family members will each have different ways of understanding things. Rather than trying to work out who is right and who is wrong, we value all of the different ideas that you and your family might have, and will think about which ideas are going to be most helpful in supporting you.

Many young people tell us that they are less interested in why they might have a particular gender identity, and that what matters more is getting the right help or support for them and their future.

Whatever anyone thinks, we believe that you have a right to feel or identify the way you do and you have a right to be supported in this, whether this changes or stays the same.

#### **Coping with prejudice and stigma**

Although attitudes are changing, it is unfortunately still the case that some people who don’t naturally fit into society’s gender norms encounter prejudice and stigma. This can take different forms, including verbal and physical harassment in relation to gender, direct and indirect discrimination and victimisation.

Prejudice and stigma often result from a lack of understanding, a lack of knowledge, or from misinformation. Many people simply do not know much about what it means to identify as gender-variant or trans. This can lead them to make assumptions and to over-generalise and say, “I’ve heard that all trans people are like \*this\*”. Sometimes when there are very strong stereotypes around about a particular group, those individuals can sometimes start to believe the stereotypes too. At times, this can mean that trans and gender-variant people also have thoughts or beliefs which are negative towards trans people. They can also develop very fixed ideas about how to be transgender

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or gender variant, as if there is only one way to do this even if this doesn't quite feel right for them. This can then lead to people feeling ashamed about their gender identity and unhappy with themselves.

Experiencing prejudiced attitudes and behaviours from others can be extremely upsetting and sometimes frightening. It is OK to be angry when we have experienced prejudice or discrimination, but anger is most helpful when it leads us to do something useful (e.g. working out who can help us change a situation) rather than getting stuck feeling frustrated and miserable on our own. Talking to friends or family can sometimes help us get fresh ideas and come up with a plan of action for managing a situation.

Prejudice is never acceptable and is not something that you "just have to put up with" if you identify as gender-variant or trans. For more information [see this introduction to The Equality Act](#)

Understanding why things happen can make us feel more in control of the situation and give us ideas or options for how to deal with it. Some trans young people have found it useful to educate those around them. For instance, if people learn about the many ways that different societies have understood gender (which are different from our own ways of thinking), this may help them to challenge some of the assumptions they have about gender.

## **Puberty and the body**

We recognise that puberty and the physical changes that it brings can be distressing for some people. Many, although not all, of the adolescents we see consider at some point having physical interventions (such as hormone blockers) through our service. There are also many people who choose not to have physical interventions.

[Learn more about puberty, and our approach to assessment and intervention here](#)

## **Changing my name**

### **I would like to use a different name – where do I start?**

Many of the young people we see use a different name from the one they were given as a baby. There is not a right or a wrong time to try this out. However, many people do test out new names with a small circle of friends or family first, before telling others. This can help to see what it feels like being known by that name.

Sometimes it can be hard for people who have known you a long time to always remember your preferred name or pronouns. People in your family may also want to wait a little while before trying out using a new name for you. Often we find that not everyone in a family will all be at the same stage or have the same perspective – change can take time and be tricky – and we find it can be helpful to keep in mind the different points of view and try to understand where each person is coming from (even if you disagree with them!)

### **Can I use my preferred name at school?**

In our experience, most schools are happy to use preferred names for most purposes (e.g. in the classroom). However, there may be some circumstances (e.g. for exams) where they are required to use your legal name.

Our professionals section has more information for schools.

### **Can I change my name legally?**

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It is possible to legally change a child or young person's name by deed poll or statutory declaration. Usually this requires consent from (*and agreement between*) their parents, although there are legal options available in cases of dispute.

The UK government website provides more information about how to change a child's name by deed poll:

<https://www.gov.uk/change-name-deed-poll/overview>

There are many services both online and offline which offer to produce deed poll certificates for a fee – and we know the cost for these can vary hugely so it might be best to shop around if you are going to use one of these services. However, we also know that some young people we see have also used free services or templates to change their names and these have also been accepted and valid.

If you have dual nationality or are not a British citizen, please check with your country's embassy or high commission for more details about how to legally change your name.

### **Can I change my passport?**

You are able to change the name on your passport with proof of a legal change (e.g. deed poll or statutory declaration). You can also change the gender marker on your passport. For this, you will usually need a letter of support from your GIDS clinician(s).

As a service we have also written letters of support for children or young people who have not yet changed their name legally or their passport, in case of any questions being asked at border controls.

HM Passport Office have produced [guidance](#) for trans people who are applying for a new passport.

### **Can I change my birth certificate?**

To change your name and gender on your birth certificate, you will first need to apply for a Gender Recognition Certificate. It is not possible to do this before the age of 18. If you are seen at an adult gender identity clinic, they will be able to advise you further about this process.

### **How do I change my name on GP Records?**

There is a simple process for this, which is accepted by many government departments including the Department of Health:

- the patient tells their GP, or directly informs the CCG, that they are transitioning and that in future they would be known by their new name and gender. They can write a "statutory declaration", they may have a deed poll document, or they may simply make the request. This request should be in writing, signed by the patient
- the GP writes to the Registration Office at the CCG. The GP may write a letter of support confirming the gender role change and that this change is intended to be permanent, but this is not a requirement
- the Registration Office then writes to the Personal Demographics' Service National Back Office. The National Back Office will create a new identity with a new NHS number and requests the records held by the patient's GP. These records are then transferred to the new identity and forwarded to the GP
- on receipt, the GP surgery changes any remaining patient information including the gender marker, pronouns and names



Trans patients have a legal right to change their name and gender on their NHS records and would be able to bring a civil claim against any GP or practice which I refused to accede their request.

Reference: NHS Coventry (June 3rd 2010). Process for changing name and gender in primary care.

### **Finding a community**

For all of us – perhaps especially so when we are feeling low, anxious or stressed – it can be very helpful to have a supportive network of people around us. Many young people who come to this service speak about the support they have gained from social networking and other online sites or resources, which have helped them talk to other trans people (see the 'Staying Safe Online' section below).

We also think it is important to make face to face connections with people in a similar situation. There may be local LGBT or other youth groups in your area, school or college – and organisations such as [Gendered Intelligence](#) hold regular meet-ups in cities around the country. If you are under our service, then we run a regular young peoples' group that everyone can attend.

A good resource for finding groups across the UK is TranzWiki: <https://www.tranzwiki.net>. You can also find out about groups by searching online, asking at your school or college or CAMHS, or speaking to your clinicians at the Tavistock Centre. You may even want to set up a group yourself!

### **Staying safe online**

Talking to people online can be a great way to practice expressing our gender identities, whatever they might be. Many young people use online groups or forums as a place to ask questions, use names or pronouns, or share feelings that they don't yet feel comfortable talking about face to face.

[Read some helpful tips about making friends and staying safe online on The Mix website](#)

### **What can I do if I am feeling really low?**

Many young people who question their gender identity report feelings of low mood, particularly if they are also experiencing other difficulties such as bullying, relationship issues, abuse or traumatic experiences, or feeling unsupported.

As other sections of this website mention, it is recommended that you speak to a trusted adult about how you feel – someone who can support you to seek professional help if needed. As well as family and friends, you could also speak to your GP, or a school nurse, or teacher/lecturer. Some young people will need support from mental health professionals such as Child and Adolescent Mental Health Services (CAMHS).

However, there are some steps that we can all take to benefit our emotional and physical health, and which can reduce the likelihood of experiencing longer periods of feeling low.

### **Stay active**

Stay Active and take part in activities you would usually enjoy. This may be socialising and connecting with people, activities outside of the house like seeing friends or going for a walk, or things inside the house like reading or watching a film. It is a good idea to have a mix of all three. Maintaining activities is important as they improve our mood by giving us a sense of achievement and enjoyment, as well as allowing us to feel socially connected to other people. These are all important elements of balanced mental wellbeing.

When we are feeling low, we often want to avoid these things, but whilst this can sometimes give short term relief it can also mean that we no longer benefit from the positives we used to get from them. It can therefore help to actively plan in activities across each week to encourage ourselves to actually do them. It may help to write them down or involve other people in supporting you to achieve these goals that you set for yourself.

It is really important to keep in a routine with attending school, college or work. Sometimes, when we are low we can predict that something will be unpleasant or harder than it is. Even if you don't enjoy an activity, or you are having a tough time there, it still might help distract you from your worries for a while and it will mean that you don't have to worry about catching up with work or friends later on top of your existing concerns.

### **Look after yourself physically**

It can feel difficult to look after ourselves when we are feeling low, but not looking after our general health can in turn maintain low mood or even worsen how we feel. It therefore is really important to eat regularly and as balanced a diet as possible, to have a consistent sleep routine, and to do regular exercise. Exercise has been shown in research studies to have a significant benefit in terms of improving mood due to the endorphins that are released. If you are struggling with any of these areas, speak to your GP who should be able to advise or refer you on for additional support.

### **How can I cope with really difficult feelings?**

#### **Managing self-harm and suicidal thoughts and feelings**

Some young people who come to our service report difficult feelings that have become overwhelming to the extent that they self-harm or feel suicidal. If this is the case for you, it is really important not to suffer in silence. Tell a trusted adult about how you are feeling. Although it can be difficult to confide in someone about these feelings, most people find that it makes the problem seem easier to face and less scary than when they were dealing with their emotions on their own.

As mentioned in other sections of this website, your GP will be able to refer you for emotional support if this is needed, and schools/colleges also commonly have counsellors on site or can refer you to mental health services if required.

If you are already under a CAMHS team, you should get in contact with them to let them know about how you are feeling. If you are not already under CAMHS, then please contact your GP and request a referral. Local services are in the best place to you in this situation and you will need to let people know that you need their help.

In an emergency situation – for example, if you think that you might harm yourself (or another person) and feel unable to keep yourself safe – you can go to an Accident and Emergency Department (A&E) where you can access a crisis mental health assessment. If possible, it is recommended that you speak to your parent/s or another trusted adult before going to A&E, who ideally will be able to go with you to the hospital. You could also ask for an emergency appointment with your GP.



### Curiosity

To help people to remain curious and thoughtful about their lives, and to understand what might get in the way of them doing this.



### Mind/body

To keep in mind the relationship between the body, thoughts and feelings. We work closely together as a group of professionals from different backgrounds, including paediatric endocrinology.



### Loss

To allow young people and their families to acknowledge the sense of loss that can result from change.





### Hope

To sustain hope.



### Acceptance

To promote non-judgmental acceptance of the range of gender identity presentations.



### Holistic approach

To provide help for behavioural, emotional and/or relationship difficulties that young people or their families may be experiencing in relation to their gender identity.



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### Connections

To enable young people and families make meaningful connections between their life experiences and how they feel.



### Independence

To support young people develop an appropriate level of autonomy and independence.



### Support

To help young people and families tolerate uncertainty of how their gender identity might develop.

## Who do we see

The Gender Identity Development Service (GIDS) is a highly specialised clinic for young people presenting with difficulties with their gender identity. Our service was established in 1989.

We are commissioned by NHS England who set the [service specifications](#) for how we work.

Some people feel uncomfortable with the gender they were assigned at birth whilst others are unhappy with the gender role that society requires. We help our clients to explore their feelings and choose the path that best suits their ideals.

We spend a lot of time engaging with clients to understand their thought processes and to help them manage any uncertainties they may have and be understood.

For adults presenting with difficulties with their gender identity, the Tavistock and Portman NHS foundation Trust are the providers of the Gender Identity Clinic (GIC). [Visit the GIC website](#)

## Therapeutic work model

### Working therapeutically with young people exploring their gender

Our service has developed some primary therapeutic aims ([See Our Values and Ethos](#)) which we have used to guide our work. Clinical work with young people can take a variety of formats, including one-to-one sessions or increasingly group work where other young people alongside professionals can provide support. Follow this link for more ideas about how to work with young people and gender.

### Listen and understand

**Join the young person where they are in terms of their gender identity, and listen to understand (rather than to offer immediate solutions).**

Part of your role could be to help the young person come up with their own solutions, and weigh up the pros and cons of choices they might be considering (e.g. in relation to socially transitioning).

### **A respectful approach**

#### **Maintain a respectful and non-judgemental approach to working with the young person.**

This might involve using their preferred names and pronouns, even if other people choose not to.

### **Gender expression**

#### **Help them experiment with their gender expression.**

Is there a safe place that the young person could try things out (in terms of dress, names, pronouns etc), without having to commit to anything?

### **Gender as a concept**

#### **Discuss gender as a concept.**

Gender is complicated and multi-faceted, and can be understood as being a spectrum rather than necessarily needing to be a binary choice between male or female. What does the young person think about this idea? What gender role models do they have? For more insight, [see the 'Genderbread person guide' on Sam Killermann's website](#)

### **Challenge**

#### **Challenge gender stereotypes and norms.**

Reflect on the pressures to conform – which of these does the young person feel affects them, and where do these messages come from? What it is like to be someone who does things differently?

### **Keep options open**

#### **Help to keep options open and maintain safe uncertainty.**

Young people's identities are developing throughout adolescence and into adulthood, and some people decide that they would like to express their gender identity in lots of different ways, which may change over time. Keeping options open is important to allow a young person to feel able to change paths if they want to.

### **Family**

#### **Work with the family.**

Provide a space for different views to be listened to and thought about. Encourage open communication about gender, in a way that feels safe for the young person.

### **Network**

#### **Keep the network in mind.**

Who else knows the young person and what support may they be able to provide, if necessary? Keep in touch.

### **Community**

#### **Help them build a community.**

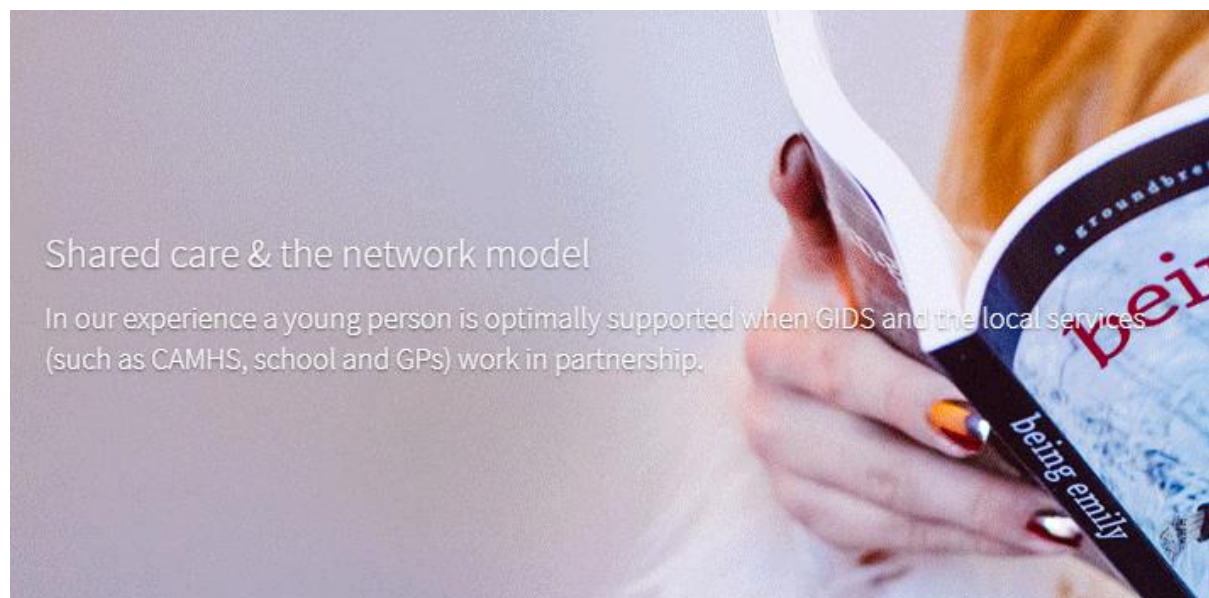
Young people can benefit from making links with other people in a similar situation, hearing about different ways of expressing gender, and how others may have dealt with particular situations. Are there local LGBT groups, or would the young person benefit from linking in with the organisations listed on this website?

### **Risks and difficulties**

#### **Assess risk and associated difficulties.**

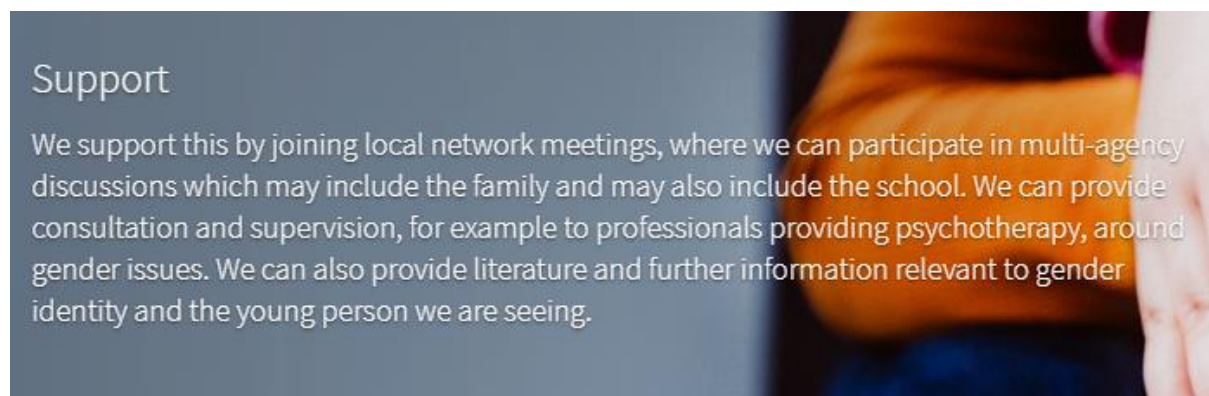
Young people who are questioning their gender may experience a range of associated mental health difficulties, including self-harm and suicidal ideation. It is important this is assessed and managed locally. Gender does not exist in a vacuum and seeking support for gender-related distress does not necessarily mean that all other difficulties will improve as a result – there are often other complexities that need to be thought about and it will be important to discuss with the young person about how best to do this.

Professional model -



**Shared care & the network model**

In our experience a young person is optimally supported when GIDS and the local services (such as CAMHS, school and GPs) work in partnership.



**Support**

We support this by joining local network meetings, where we can participate in multi-agency discussions which may include the family and may also include the school. We can provide consultation and supervision, for example to professionals providing psychotherapy, around gender issues. We can also provide literature and further information relevant to gender identity and the young person we are seeing.

## Working with CAMHS

We believe that the local CAMHS is usually best placed to monitor and manage any risk, such as self-harm and suicidal ideation. CAMHS are also in the best position to provide more regular therapeutic support to the young person and their family.

## Local network

A typical network meeting would be held locally to where the child and family live, and would first involve professionals only with the child and family joining for the second part of the meeting. This provides an opportunity for information to be shared, to hear about the child in context, and to negotiate roles and responsibilities.

## Working together

Any difficulties can be thought about together and a plan of action can be devised if necessary. We find that this approach allows for a more joined-up approach and for thinking about the young person in a holistic way.

## Find out more

Please see this paper for more information about our multi agency working: [Eagleous and Davidson \(2009\)](#)





