a community engagement report from the

TRANSFORMING FUTURES

partnership

TRANS YOUNG PEOPLE'S EXPERIENCE OF

HEALTHCARE JUSTICE

in England

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FOREWORD

THIS IS ONE OF THREE

Community Engagement reports from the TRANSforming Futures partnership. We are a group of trans equality focused organisations working together on a ground-breaking five-year project, funded and supported by the National Lottery Community Fund, which aims to create lasting change for trans communities in the healthcare and criminal justice systems. **THE** TRANSforming Futures project came from a need to create space for, and make a record of, trans communities' ideas, experiences and voices. This is qualitative research led by, and focused on, a diverse range of trans people in England.

This report focuses on the experiences of trans people under the age of 18, and covers topics that span both healthcare and justice. We recognise that there is a particular need to make sure that the experiences of trans young people are heard and understood during a time of heightened social and legal challenges. The report itself shares the lived experiences of trans young people, drawn from a series of community consultations. It also contains additional insights from support workers and community experts, who are able to speak in more depth about the themes initially raised by the young people who contributed.

We have portrayed a range of suggestions from trans young people themselves, as well as their parents and service providers, with the hope that they will spark further discussion and future action. Some of the insights and suggestions may also go on to become funded projects with TRANSforming Futures partners.

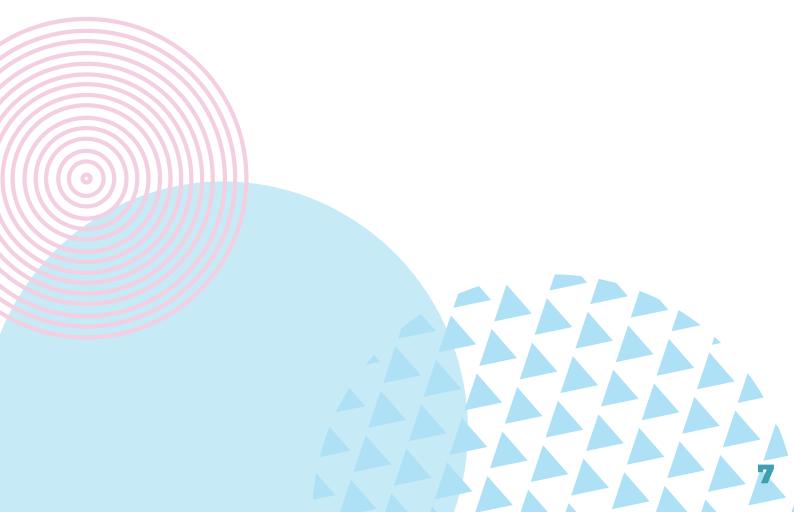
The proposals and solutions included here are not policy recommendations, and they do not represent the view of any one organisation or individual. Contributors' experiences can be taken as indicators of broader trends, but are neither representative nor statistically significant. Rather than standing as a definitive or objective statement on the experiences of trans young people, the purpose of this document is to present their own ideas so that their insights can be translated directly into initiatives.

This report is the starting point of a conversation. As well as exploring trans people's experiences of healthcare and criminal justice systems, this project provided crucial time and space for communities of trans young people to discuss the problems they face. Even more importantly, the young people we spoke to were asked to imagine their own solutions – large and small – to these problems. This in itself, especially for trans young people, is an act of reclaiming power.

IN THIS report we use the term 'trans' inclusively (see the glossary on page 118), standing in for the rich variety of terms our contributors used to express their genders. While there is no one single voice of trans communities, in these reports we have worked to prioritise the voices of those most impacted by transphobia – namely those whose gender identity intersects with other aspects of their identity, such as race and neurodivergence.

TRANSforming Futures is a partnership project between Be:North, CliniQ, Consortium, Galop, Gendered Intelligence, GIRES, Mermaids, Stonewall, Sparkle, and UK Black Pride. It is funded by the National Community Lottery Fund. The partnership will use the ideas generated within these consultations to create new projects that run over the next three years.

This project would not have been possible without the generosity, trust, enthusiasm, and love of every trans person and cis ally who contributed. Particular thanks go to: the phenomenal Levi Hord who led the under 18 group consultations, conducted interviews, and created this report, to our fabulous graphic designer Cosette Pin, to the amazing youth workers at Gendered Intelligence and Mermaids youth engagement officers, our notetakers LiLi, Chuck and Morgan, and the community experts who contributed their knowledge and time. This project would not have succeeded without their hard work, advice and input.





THIS is one of three Community Engagement reports from the TRANSforming Futures partnership. Drawing on workshops and contributions from community experts working with trans young people under the age of 18, this community consultation details trans young people's experiences when accessing healthcare and justice systems, and highlights their proposed solutions to some of the problems they encounter.

Community consultation contributors defined healthcare as including general practice, gender identity services, mental health, hospitals, and any interactions with healthcare providers, as well as general social factors that play into well-being or ill health.

Community consultation contributors defined justice broadly to include their experiences of harassment at school, interactions with state agencies, legal challenges to trans inclusion, and vulnerability to violence.

These are not policy recommendations, and they do not represent the view of any one organisation or individual. We have highlighted a range of suggestions from trans young people themselves to stimulate further discussion and future action.

NOTE ON GENDER IDENTITY LABELS

The young people who participated in our community consultation workshops were given the opportunity to define the language that they use for their own gender identity. The terms included with contributors' quotes are those chosen by contributors themselves.

HEALTHCARE FINDINGS OVERVIEW

Attitudes of healthcare professionals

Trans young people encounter healthcare providers with a lack of knowledge about trans people's healthcare needs, leading to compromised healthcare and unaffirming interactions.

Inadequate & pathologising mental health services

Trans young people are rarely able to find trans-competent mental health support, and often face long wait times, untrained mental health providers, or explicit transphobia in mental health settings.

Navigating GIDS referrals & medical transition pathways

Trans young people and their parents struggle to navigate GIDS referrals, are not offered shared care options, and have a lack of trustworthy knowledge about how to find affirming healthcare options.

Waiting lists

Trans young people are experiencing high levels of hopelessness and frustration, during a crucial period of their lives, because they are on years-long waiting lists for their necessary healthcare.

Medical gatekeeping and treatment through GIDS

Many trans young people and parents find the GIDS system traumatising and pathologising, and struggle with the medicalised gender assessment process required to access transition-related healthcare.

Legal challenges to trans healthcare

Young people are increasingly impacted by legal challenges to their healthcare on the NHS and the rise of legal anxieties surrounding private healthcare.

IDEAS FOR IMPROVING

HEALTHCARE FOR TRANS PEOPLE

Improving Outcomes

Map the medical transition process

Provide a comprehensive guide for young people and parents about how to navigate medical transition and find the best options for individuals.

Create welcoming, less impersonal spaces

Make healthcare spaces more welcoming to trans young people experiencing high anxiety when accessing healthcare.

Introduce Trans Youth Healthcare Advocates

Employ and standardise trans youth healthcare advocates to help young people and parents navigate appointments.

Changing Systems

Improve access to GIDS, referrals & blockers

Remove GIDS referral requirements and blocker restrictions at the beginning of medical transition processes, to eliminate the distress of time pressure around puberty and allow trans young people more time to make decisions while on blockers.

Provide non-assessment mental health support

Establish trans-specific mental health support that is not linked to pathologising assessment processes, and which can be accessed by any trans young person.

Educate healthcare providers

Require gender identity education for healthcare providers, and support trans people who are training for health provision roles.

Provide transition care through GPs

Enable primary care providers to prescribe blockers and hormones and provide long-term transition care in an accessible way.

JUSTICE FINDINGS OVERVIEW

Bullying and inadequate response to school harassment

Trans young people experience high levels of harassment from fellow students and a lack of support from many education professionals.

Mistreatment by school authority figures

Many young people spend their school days with teachers who refuse to use their names and pronouns.

Bathrooms, changing rooms, uniforms & sports

School experience is marked by gender segregation, leaving trans young people with inadequate and unsafe options when it comes to bathrooms, changing facilities, and participation more broadly.

Legal challenges to trans inclusion

Sch and councils dying attroduce trans-affirming guidance are being challenged by anti-tranger ations, creating attraction attraction and attractions are supporting trans

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IDEAS FOR IMPROVING JUSTICE OVERVIEW

Improving Outcomes

Establish trans-specific young people's spaces

Create and expand services and spaces for trans young people to seek support, establish connections, and build resilience and confidence.

Enable healthy peer support

Develop services for trans young people that enable and empower them to support their friends and communities, and provide them with opportunities to build sustainable boundaries around the support they provide.

Introduce Trans Youth Justice Advocates

Introduce and standardise justice advocates for trans young people, to support trans young people who have been mistreated.

Changing Systems

Provide trans representation, history & culture

Connect trans young people to their communities and histories as sources of support.

Teach about trans experience in schools

Require education for both teachers and students about trans experience, to increase understanding and decrease instances of ignorance and harassment.

Establish safer spaces & LGBTQ+ groups in schools

Create safe and affirming spaces for trans young people in schools, especially those who cannot seek support from home.

APPROACH-

WE spoke to 14 community experts. These included people with expertise around trans young people of colour, trans young people in the care system, and neurodivergent trans young people, to understand the issues facing these trans children and young people.

To understand the lived experiences of trans young people we spoke to **ten young trans people** between the ages of 12 and 18 (supported by a youth work team from Gendered Intelligence), and **eight parents and caregivers** of seven trans children under the age of 12 (supported by a team from Mermaids).

Quotes from the trans young people open each section of this report, so that their voices can be heard directly.

However, we did not hear from trans young people who do not have parental support (or have no access to a safe space to participate in an online group), trans young people of colour, trans young people in care, and trans young people who are not already connected with support services.

While the perspectives offered by young people in this report are of vital importance, they can only reflect the voices of the trans young people who were able to take part in our workshops. Throughout, we highlight where further voices are needed, and we hope this report encourages further work to understand the lived experiences of trans youth.

YOUNG PEOPLE

IN ENGLAND: GROWING UP AMID TRANS MORAL PANIC

am personally very concerned about this generation of trans children, and the impact that this current environment is going to have on them as they get older, because they are being particularly targeted and traumatised in the justice system and the healthcare system as they stand at the moment. I think that's something we are going to be reckoning with for a long time.

DREW, INDEPENDENT TRANS HATE CRIME VICTIMS ADVOCATE, GALOP

Here in the UK, I think there's not as much stigma around older trans people but more around younger trans people, like trans youth. People don't understand that it's not something you choose. I think they think kids can be raised as trans when they are really not. But it's not like that. I knew at three years old that I felt like a girl. They claim they are saving kids from being abused, but it's not an abuse. Instead of never letting kids transition, we need to focus on how we determine if transition will be good for the individual.

E, 15, TRANS FEMALE

The issues facing the trans young people who took part in the consultation workshops are similar to those outlined in the 2021 TRANSforming Futures Healthcare and Criminal Justice Reports: both trans young people and adults face significant barriers to well-being and justice.

Our community consultations also yielded a unique perspective on what it is like to navigate childhood and adolescence as a trans person in a moment of heightened visibility and heightened transphobia.

Trans young people face many issues that do not fall under the headings of "Healthcare or Justice," but which are important parts of their experience. This section provides a summary of issues faced specifically by trans young people, which frame the other barriers they face.

IMPACT OF PUBLIC DISCOURSE ON MENTAL HEALTH

Trans people are more visible than ever before. Alongside increased awareness of trans experiences in the UK has come an onslaught of media and legal challenges to the rights of trans people, particularly trans youth.

Researcher Ruth Pearce states that nowadays, "trans youth simultaneously have more resources, more support, and probably find it easier to come out than at any other time, but also face challenges that they have never faced before. As young trans people become more visible, there's more of a backlash against their existence". Many of these attacks set out to discredit trans young people's self-knowledge, voice, and agency.

"There is a tendency in mainstream culture to see young trans people as 'snowflakes,' or as easily offended," says Hasan, Youth Engagement Coordinator from akt, "when actually there are so many barriers to trans young people living fruitful lives that are positive and generative. They're getting attacked on multiple fronts – from the media, to politicians, to health services, to education, to universities".

hate the amount of fearmongering that non-trans people create about trans people. I watched an awful advert the other day that was telling people that young girls were suddenly becoming trans as a trend.

R, 14, TRANS MALE

worry about never being able to change my gender in the future, on passports and stuff. I might be intimidated by people being rude about it at the office or people won't believe my gender identity regardless. And the government could change things at any time and that makes me scared.

N, 15, TRANSGENDER MAN

[It's difficult] trying to help your own individual child navigate headlines which could be damaging to them. It's okay when your child is younger and you can manage what they're up to online, but as they get more independent it's more challenging to keep them off media websites. It's a real challenge. It's hard enough to be trans without feeling like you're being attacked by people.

B, PARENT OF A TRANS GIRL, 11

These attacks have a significant impact on the lives of trans young people. Young people regularly encounter negative representations of trans people and debates about their existence. This causes sustained anxiety about growing up in a world where a vocal minority constantly reminds them that they are not accepted. Their awareness of public debates about transgender existence encompassed complex topics such as opinions surrounding detransition and legal inequality. Many brought up additional anxieties about these topics as young people trying to navigate their own personal experiences in a transphobic society.

"Young people are negatively impacted by what they see in the media, or stuff they see happen to other trans people – it has a big impact on mental health and capacity," says Hasan, Youth Engagement Coordinator at akt. Trans young people, unlike their cis peers, have a significant additional environmental challenge to their ability to develop self-confidence and well-being.

LACK OF AUTONOMY IN THE TRANSITION PROCESSES

A mental health professional that I talked to beforehand about not mentioning gender kept mentioning it to me in front of my mom.

N, 15, TRANSGENDER MAN

It's so much more damaging being put through the wrong puberty [by being denied puberty blockers], and then being told that they've done it 'to protect you.'

C, 18, TRANS FEMALE

A GP that I went to for a referral to gender clinic sympathised with my mother and said I was growing up too fast and made me feel bad the whole time.

N, 15, TRANSGENDER MAN

Young people feel they lack control over their own transition processes. Rather than having their wishes and voices respected, many young people have adults in their lives (usually parents, teachers, and doctors) exerting control over their bodies and public identities.

Trans young people's autonomy is consistently compromised when disclosing trans identity. "Sometimes you'll hear about young people who have decided not to come out, but somehow someone like a tutor has found out and has outed them by making a comment in front of other pupils," says Shona Beechey, Assistant Youth Worker at Gendered Intelligence. "Those kind of things can make people feel very unsafe, because it can happen at any time".

Outing young people as trans without their consent also seems to happen frequently during trans peoples' interactions with social services – we heard about instances of being outed to family and to service providers. Advocate for youth in care, Charlotte Andrew, notes that "One of the biggest issues that the young people that I've worked with have faced is being outed without consent. That's top on most of the young people's list of 'don'ts,' and it's rife within social care [...] and because people panic about things that they don't know, they convene meetings, they start talking about things and pathologising without even having had a simple chat with the young person about what they want to happen."`

Several youth workers also relayed instances of the trans young people they serve being pressured by adults in positions to delay transition—whether social or medical—rather than being supported by those adults in finding ways to feel comfortable and affirmed in the present. "We've had GPs turn around and go, 'can't you just put this on hold, concentrate on school, wait until you're older?" says Lilly Allenby, a youth worker with MESMAC. Free2B Alliance support worker Lucie Brooke shares similar experiences, noting that "We have young people who have been told by their schools that they're best off waiting until they go to college [to socially transition], as if it's some little informal choice. It happens a lot—it is basically schools wanting to avoid having to support people's transitions."

In some instances, the adults in young trans people's lives create barriers to them feeling in control of their transitions and supported in exploring their gender identity and expression.



Sometimes I go to online support sessions. It's nice, but I'm paranoid of being caught [by my Dad] and getting into trouble. I know my parents will never support me.

N, 15, TRANSGENDER MAN

It's difficult because I've realised that the depression and anxiety come from dysphoria, but my parents don't think so, so I can't really do anything to get better and it makes me really, really bad mentally. I'm stuck and there are no options for me currently, and it's just awful. I know what I need to do to feel better, but I just can't do it.

C, 18, TRANS FEMALE

I've had a lot of negative experiences when it comes to parents and parental consent. I was only referred [to GIDS] last year, despite being out to everyone, including my parents, for five years. Because I wasn't supported in that process, that meant I wasn't able to access therapy.

A, 17, TRANS MALE

Having supportive caregivers is often a prerequisite for trans youth being able to access trans-specific youth spaces, making those with supportive parents an overrepresented demographic in discussions of the experiences of trans young people. This was true of most of the young people we spoke to, and of the parents and caregivers who engaged directly in our workshops.

Lack of family acceptance has deep emotional and practical effects on trans young people's lives, from being unable to access medical transition, to navigating unsafe home environments. It is worth noting throughout this report that the difficulties trans young people face in healthcare and justice are exacerbated when they are not accepted at home.





INTRODUCTION TO HEALTHCARE

When the previous records are locked you can lose important info like an autism diagnosis, and if you end up in A&E with a new NHS number staff can react suspiciously because a new NHS number for a British adult doesn't make sense.

LUI ASQUITH, DIRECTOR OF LEGAL AND POLICY, MERMAIDS

The reality is that physical healthcare for trans people is non-existent. Once a waiting list for lifesaving healthcare gets past a year, that's where we're at code red. But if we've got anything above two years, I don't think we can call it a healthcare system. And for young Black trans people, there is no hope at the moment. That's the state of the matter. There is no hope.

AZEKEL, HEALTHCARE EXPERT/FOUNDING DIRECTOR, BLACK TRANS FOUNDATION

It often feels like the barriers for young people in terms of healthcare are just everywhere. They are just constant [...] Everything from leaving the house and experiencing transphobia to opening the news and seeing transphobia that specifically targets young people, it just becomes a really difficult cycle to get out of. These are all healthcare issues because they are preventing young people from being well.

ISA SALLINEN, DEPUTY HEAD OF YOUTH SERVICE, GENDERED INTELLIGENCE

It's really psychologically damaging for kids to be told that we don't believe your experiences, because we don't understand those experiences.

DR ZOWIE DAVY, ASSOCIATE PROFESSOR IN LGBTQ RESEARCH AT DE MONTFORT UNIVERSITY

We prompted contributors to define what 'healthcare' means to them, and the role that it plays in their (or their child's) lives. The three areas that consistently emerged were interactions with general healthcare (GPs and hospitals), attempts to access mental healthcare and support, and experiences with medical transition healthcare, most often through the Gender Identity Development Service (GIDS), which covers England and Wales.

Trans young people's experiences with healthcare are mixed. Positive experiences are due to individual healthcare professionals who have taken the time to educate themselves about trans healthcare needs, and who committed to listening to and working with the young person and their family.

However, despite the presence of a handful of caring professionals, trans young people continue to experience the brutal effects of a healthcare system that was not designed with their well-being in mind. In conjunction with the high number of healthcare professionals who lack understanding and confidence in meeting trans patients' needs, the systemic transphobia of the healthcare system causes significant barriers to trans young people being able to access safe general healthcare, adequate mental healthcare, and virtually any gender-affirming healthcare. Negative experiences in healthcare can impact trans people's willingness to access healthcare throughout their lifetime: "For the majority of the trans young people I've spoken to, they've decided to stop accessing healthcare, especially mental health services, because it's often caused them more distress, so they don't see the point," notes Hasan, Youth Engagement Coordinator at akt.

The recent politicisation of trans young people's access to healthcare poses a danger to their well-being. "We've heard the Minister for Women and Equalities having repeated several times, in recent history, that we need to 'protect' our children from making irreversible decisions and unnecessarily changing their bodies," notes Lui Asquith, Director of Legal and Policy at Mermaids. "But that's the crucial point – this is not about it being unnecessary, it's about the opposite: it is an absolutely necessity for some young people, and that isn't being grasped, or it is and it is being actively ignored. Neither is okay."

The issues outlined in this section are those that contributors spoke about most frequently. Contributors' ideas about how to improve their experience of healthcare spanned from small, specific interventions to large structural changes, and can be found on page 115.

IN HEALTHCARE

ATTITUDES of -HEALTHCARE PROFESSIONALS

WHILE some young people and parents taking part in the consultation workshops have positive experiences with primary care professionals, many encounter unknowledgeable GPs and mental health professionals who compromised their ability to access healthcare.

I've been asked really ignorant questions from [workers at CAMHS], and I feel that as people who specialise in youth they should have some idea of what trans is and they don't, so they ask inappropriate questions. It makes you feel unsafe around them, and if they are the only people you can talk to, it's not good

E, 15, TRANS FEMALE

Thave met too many adults [in healthcare settings] who are willing to look me in the eyes and then ask a child about the condition of their genitals for no reason.

F, 14, TRANSFEMME

Asking about my sexuality or relationships in front of my parents is awful for me. It would be nice if they spoke to me privately first. Especially in mental health settings, it would be good if they asked me about my boundaries in private, like whether I would like my parents in the room and so on.

N, 15, TRANSGENDER MAN

The general toxic narrative around our children – and us affirming our children – makes people scared, as if this is something complicated rather than just listening to young people telling you who they are, so they can get the support they need. You have to open the Sunday Times every week and hear about how you're wrong, and that just doesn't give medical professionals confidence, does it?

V, PARENT OF NON-BINARY CHILD, 9

Contributors – especially parents who had supported their children in seeking healthcare – note that some of these experiences are down to a general lack of knowledge and training, and that professionals are willing to help but do not know how. Young people emphasise that in addition to a lack of knowledge, some professionals display explicit transphobic bias, and are unwilling to educate themselves.

Trans young people enter most healthcare spaces assuming a lack of knowledge, rather than assuming that their healthcare provider will understand their needs. "Many of the young people I work with are hesitant to talk to their GPs about anything, because there's a worry that they will only be seen through their transness, and that the health issues they are presenting with will get blamed on their transness as well," notes Isa Sallinen, Deputy Head of Youth Service at Gendered Intelligence.

THIS general lack of knowledge, and the protective assumptions that trans youth make about how they will be treated in healthcare settings, make it difficult to access basic healthcare.

Young people also worry about facing invasive questions or breaches of patient confidentiality if they speak openly to healthcare providers about their trans identity. Trans youth are asked inappropriate questions about their bodies and experiences. Lilly Allenby, a youth worker with MESMAC, shares that this experience is common among the young people she works with: "as soon as a trans or non-binary young person discloses how they identify, healthcare professionals seem to feel they have free range to ask personal questions about their bodies. And it's a barrier every time, that they are being asked to explain themselves at every single level." Trans young people also regularly fear that their healthcare providers will not respect their privacy if they broach the subject of their gender while their parents are not present.

Associate Professor in LGBTQ Research, Dr Zowie Davy, identifies how tacit transphobic beliefs make their way into medical practice, leading to situations where doctors deny trans young people necessary healthcare. "I have heard from parents of trans youth that doctors express a lot of fear around being sued, and that if they were asked to prescribe blockers or hormones, that the fear of detransitioning was really high in their minds. It's a direct inheritance of trans-exclusionary rhetoric." Zowie notes that supportive GPs who are willing to prescribe puberty blockers are sometimes pressured out of treating trans youth by more senior GPs or practice managers with trans-exclusionary beliefs, allowing tacit bias to guide medical practice. "If you understand healthcare as being grounded in morals, then it is always going to falter on the bodies of trans, intersex, and non-binary people, because we are othered into something, as if we don't know our own minds," Zowie says. "It needs to shift from making moral judgements on people's bodies to providing an evidence-based service for people. That is how the NHS is set up anyway, but professionals are not abiding by it."

INADEQUATE PATHOLOGISING

MENTAL HEALTH SERVICES

SEEKING mental healthcare can be a difficult experience for trans young people, who often have negative experiences with services that are neither adequate nor affirming of their trans identities.

told [a mental health professional] that I have suicidal thoughts, and their response was 'one day I had suicidal thoughts and then I just stopped because I realised it was crazy'. That was not the right response.

F, 14, TRANSFEMME

When I went for mental health support they told me it was up to me to take control of my emotionally abusive family and that my difficulties were my fault for coming out to them in the first place. They didn't offer support.

N. 15. TRANSGENDER MAN

[CAMHS] was obsessed with finding OCD or depression, and stuff like that, rather than pointing towards my dysphoria. If you have mental illness due to school and at home it's okay, but for something else they don't understand it.

L, 17, TRANS MAN

Most of our contributors had been referred to or sought support through the Child and Adolescent Mental Health Service (CAMHS), and had not been adequately understood or supported by the healthcare workers they saw. While community experts agree that a national mental health service for youth is vital, they also agree that the current system is not working for trans young people. Though most of the comments offered in the consultation were about CAMHS, this is at least partially due to the fact that young people have few other options for mental health support if they cannot afford private counselling. "There is nowhere I can refer my young people to for mental health support, unless it's CAMHS, and the majority of them have already been through that service," says MESMAC youth worker Lilly Allenby. "We need to have trans-specific counselling support, so that they can talk through that stuff."

The lack of options for young people's mental healthcare is intensified for trans young people: youth workers agree that existing services are not competent in supporting trans people. Lucie Brooke, support worker at the Free2B Alliance, told us that even meeting the threshold to be seen by CAMHS is a battle for the young people she supports, "but then when they're seen by CAMHS, staff continues to misgender them. We have young people getting their CAMHS letter sent home with their deadname on it: there just doesn't seem to be an understanding around names and pronouns."

Isa Sallinen, Deputy Head of Youth Service at Gendered Intelligence, shares a similar outlook: "So many of the youth we work with are just not getting the mental health support they need at any level. The counsellors they access just don't get it, don't use the right pronouns, or misgender them.

AND there are a lot of young people who have tried to access crisis services and have found it impossible to do so, either because of the poor care in general, or specifically because they're trans."

Trans young people are often left in a situation where they are not receiving necessary support, and may feel that there is nowhere to turn after they've made an attempt to access existing resources. Hasan, Youth Engagement Coordinator at akt, notes that the youth they support keenly feel the gap in adequate services: "Every time it is mental health awareness week or mental health awareness month, the young people I work with are super frustrated. Because they're just like, why are we still talking about mental health all the time when nothing is actually changing? It just feels like gaslighting to them."

This lack of adequate mental health support is likely to be worse for trans young people of colour, neurodivergent trans young people, and those experiencing complex difficulties. Isa adds that, "When I look at young people who have the most difficult times in terms of accessing support through services like CAMHS, there is an overlap with things like young people who have an eating disorder, young people who are autistic, young trans people of colour, that lack of proper care or adequate support becomes really evident". Healthcare expert Azekel adds that mental healthcare services present significant racial barriers. "Unfortunately, the people in the decision-making rooms about mental healthcare services, like CAMHS and local services, do not have any sort of intersectional experience in terms of identity. In fact, even the way that therapy is taught in the UK, there aren't modules on how race affects mental health, there aren't modules on how being trans affects mental health. So what happens is that you get to these services seeking help, and they have not taken into account the fact that you may be suffering mental health issues because of your intersectional experiences as a Black trans person, as a disabled trans person, as a working class trans person."

I have friends who've had healthcare professionals say their mental health disorders, like BPD, make them trans, and that they're trans because they're mentally ill.

N, 15, TRANSGENDER MAN

Gendered Intelligence assistant youth worker Shona Beechey confirms that, "I don't know many young people of colour who are being supported by CAMHS, even when they are struggling with their mental health. I think there can be a lot of trouble getting access to the service, but also a lot of fear over how they might be treated, or what sectioning there might be, and how you might be understood if you speak to a person who is racially biased. CAMHS is supposed to be the place that will support young people with their mental health, and if that isn't accessible,

The GP had originally said we had to be referred to CAMHS before GIDS, but I said I'm not going down that road, I feel very strongly there isn't anything wrong with my child, they're not mentally ill.

B, PARENT OF A TRANS GIRL, 11

I felt offended on my child's behalf [that she was referred to CAMHS] because the fact that she is a girl is not a mental health issue. It's offensive.

T, PARENT OF A TRANS GIRL, 6

Trans young people, parents, and experts also highlighted a tendency for healthcare professionals to treat trans identity as either the cause or effect of mental health issues, continuing an extremely damaging trend of linking trans identity to illness.

Some mental health professionals fixate on a young person's trans identity, even if the source of their difficulty is something unrelated. Lucie Brooke shares that several of the young people she supports brought up their frustrations that CAMHS workers did not understand that "not all roads lead back to them being trans. They have other things going on in their life that are causing mental ill health, but all services just go 'oh, it's that you're trans, that's the reason,' even if they're struggling with something else, like bereavement."

A related issue is trans identity being seen as the effect of trauma or mental illness. Jacob Sibley, Director LGBT Youth in Care at Three Circles Fostering, highlights how the trans young people he sees in the care system encounter this narrative continuously: "We have seen this with some CAMHS, where they're saying, 'It's not that this is your gender identity, something must have happened to you'.

It's always looking back to potential elements of abuse, neglect, or attachment issues, that may have come from the past, and it's not how you would look at other young people in other circumstances a lot of the time. And that gives young people a message that there is something wrong with them, that to be trans must mean to be broken." Being actively pathologised by a professional who is meant to be supportive can make it less likely that trans young people will seek support when they need it in the future.

Trans young people are also pathologised through psychiatric assessments conducted through GIDS. "It's within a psychiatric framework that treats trans as a problem, specifically a mental health problem," says Ruth Pearce, researcher at the University of Glasgow. Though GIDS is also, in theory, supposed to provide psychosexual support for young people and their families, the dynamic put in place by limiting people's access to healthcare to those who meet a burden of proof through assessment means that GIDS cannot be an environment that effectively offers support. "You don't have a trusting relationship with them as a therapist if their role is to assess you," Ruth adds.

people's access to mental health support that does not problematise or assess them. Other mental health providers, Ruth notes, may turn trans young people away because their needs are seen as too 'complex' to be met by any service other than GIDS. This can leave trans youth in an even tougher spot, without any service able to meet their mental health needs. Drew, Independent Trans Hate Crime Victims Advocate at Galop, recounts that "When trans young people have got complex mental health stuff going on, you quite often see them get stuck in this catch-22 where the mental health place will say, 'We can't deal with that because it's caused by your transness,' but GIDS will turn around and say 'We don't want to give you healthcare in case it turns out that it's all a mental health thing'. So people get bounced between services, which is incredibly distressing."



No one knows how [the GIDS referral process] works. GPs will tell you that it's someone else's responsibility, they're back and forth, there's no set procedure. It seems a mess and all we're told is that 'their hands are tied.

G, PARENT OF A TRANS GIRL, 7

When he hit [age] 8 we insisted with the GP to do a referral to Tavistock. The first referral came from the GP alone and it got rejected on the grounds they wanted more evidence from the school. Nobody took ownership. So we gathered loads from the school, but then we had real trouble with how to submit the referral to Tavistock. The GP would send no more. The school was saying they couldn't send it. Even though they provided us with the info, we contacted Tavistock and they wouldn't let us – as parents – submit. It had to come from either the school or doctors', but both were bouncing back.

D, PARENT OF A TRANSMASCULINE BOY, 10

The referral to get to GIDS when I was 14/15 was difficult because they didn't tell us they'd referred me to the adult service and not the youth one, even though I wasn't 18. The waiting list went up and up. It was a four-month wait when I first wanted to be referred, but they messed it up so many times that by the time I was referred, it was a year-and-a-half wait.

L, 17, TRANS MAN

We do feel that now that puberty is on the horizon, that's when she will need support, and decisions will need to be made about puberty blockers, etc. We know, too, how long the waiting list is. We've been trying for the last four months to get a Tavistock referral. We tried to get a referral through the school, we tried that six months ago, but they said no. So this is why we've gone back into the GP route.

V, PARENT OF NON-BINARY CHILD, 9

EACH parent with a trans child under the age of 12, who had not already made it through the process of being referred to GIDS, spoke about facing challenges getting their child on the waiting list to be seen. Parents encounter their GPs' lack of knowledge about how to properly refer their children, leading to months-long negotiations and unnecessary appointments. If they try other pathways, such as seeking a referral through their child's school, they run into issues around who is qualified to submit. Associate Professor in LGBTQ Research Zowie Davy confirms that this is an area where a general lack of knowledge impacts the quality of healthcare. "Parents are having to go in and write all of the forms themselves and just get the GPs to sign off, which some of them are doing. Because there are GPs who haven't got a clue how it all works, most of the parents are just going in there and manoeuvring the system themselves, and it shouldn't have to be like that."

SOME young people's referrals were delayed by several months due either to their GP submitting their initial referral incorrectly, or to their GP failing to follow up and provide GIDS with information when requested. Though these may seem like small errors from a professional's perspective, they can lead to major delays to a young person's urgent need for transition healthcare.

Another significant issue in transition healthcare for trans young people is the lack of shared care options for those who feel forced to obtain puberty blockers via private healthcare. The current NHS contract specifies that if trans young people seek private healthcare, the NHS is unable to provide ongoing clinical supervision for the monitoring of hormone treatments accessed outside of the service. Many families cannot afford the long-term expense of private transition healthcare, but some nonetheless have no other option. "The nature of puberty blockers means that waiting on a waiting list for three years can essentially, in certain circumstances, erase the reason for them. So, many families need to seek alternative care," says Lui Asquith, Director of Legal and Policy at Mermaids. "Some families do so even when they can't afford it as a longitudinal expense, by taking out loans or borrowing money. They're just trying to find the money until they can get to the top of the waiting list. But when they seek alternative care, they get struck off the NHS waiting lists, with the NHS saying 'well, you've sought this alternative care, so we can't support you'."

Child and adult services should be connected. I'm nearly eighteen, so there's no point for me to be referred to the younger services, but [my GP] says she can't refer me to the adult services.

K, 17, NON-BINARY BOY

CAMHS let me go a while ago because I turned 18. They told me they'd referred me to the adult clinic, but they hadn't. The clinic didn't even know I was being sent to them until I contacted them myself. Communication is definitely an issue.

W, 18, TRANS MASC/TRANS MALE

There needs to be more information about transitioning from the under-18 to the adult gender clinic. It's a handing over of responsibility from my parents to me – it's on me a lot more. And that can be a lot of pressure on people my age.

A, 17, TRANS MALE

This creates situations where young people need to access transition care through the NHS – because their families cannot afford private treatment long-term – but would have to stop private hormone treatment in order to be seen by the NHS. "For many, that is just not an option," continues Lui. "If they stop for a period of time, they risk acquiring gendered characteristics which will cause them huge distress. But they are unable to stay on puberty blockers or hormones and have the NHS take over their care."

Another area that young people find daunting to navigate is the transition between youth and adult services, for both GIDS and CAMHS. Some contributors reported finding it difficult to lose the amount of individual support they have received from youth services. Others felt it was a big responsibility to begin managing appointments and seeking their own referrals at age 18. Others still are negatively impacted by the gap between youth and adult services, occasionally experiencing longer waiting lists if they age out of youth service, or have healthcare professionals fail to refer them to adult services at the right time.

Researcher Ruth Pearce agrees that this lack of continuity is a larger problem: "We've got this massive divide between the youth services and the adult services. Young people are often 17 or 18 and just starting to try and access trans-specific healthcare, and then you've got that disconnect of trying to move between one service and another. Maybe you didn't get treated at GIDS in time, so you have to start all over again."

I've heard of hormones and micro-dosing but I don't know anything about them: the only information I can find is off Instagram. You get referred to a gender clinic but what happens then, what happens when they talk to you? How likely are you to get anything? Having the barrier to information doesn't just make it harder, it also makes me too anxious to do anything. If it's that difficult to find, then the whole process is going to be difficult, too.

K, 17, NON-BINARY BOY

I don't trust the official information, the government information. That's the last place I go to. I just deep dive into the internet and hope for the best. I feel like I've been around it enough I've waded my way through information, but it isn't an easy thing to access. The information is there, but I feel it's very skewed.

B, PARENT OF A TRANS GIRL, 11

In general, young people who have not yet started their transitions are concerned about the lack of access they have to safe and accurate information about what will happen to them when they start to access healthcare. Most of the information they get is shared informally online, often by other young people. Not only does this increase the anxiety associated with the process of speaking to healthcare professionals about gender, it can also make it harder to eventually advocate for oneself in those settings. "It can be very difficult to know what you should be expecting from consultations and from professionals," says Shona Beechey, an Assistant Youth Worker at Gendered Intelligence. "So it can be very difficult to know that what you experienced was not what you were supposed to experience, or what the person did for you was not what they were supposed to do for you."

WAITING LISTS -

THE length of NHS waiting lists was the most frequently raised issue in both our adult and under-18 consultations. While the length of time that trans people are being forced to wait for necessary healthcare is untenable for trans people of any age, it is especially so for young people.

The waiting lists are usually a huge part of my struggle as a trans person. The fact that they are so long often makes me think I will never make it to the end of them, and just makes transitioning seem impossible to do.

R, 14, TRANS MALE

There are people where it is a life-or-death situation with going on hormones. I ended up going privately because of how long it was taking, which not everyone can afford. It's going to create unnecessary dysphoria for others. It almost took my life, so I don't want anyone else to go through it.

E, 15, TRANS FEMALE

If cis people need to go on blockers when they start puberty too early, they get them straightaway, but trans people can't get it quickly. It causes more trauma.

L, 17, TRANS MAN

[The Tavistock] is our only option. It's a waiting game, we've been waiting for ages. What do we do now? Because the GPs don't know, they don't have advice, there's nothing they can do medically, puberty has started, and we're stuck on a waiting list of God knows how long.

V, PARENT OF NON-BINARY CHILD, 9

Lis, LGBT+ Specialist Young Person's Advocate at Galop, notes that adolescence can be some of the most affirmative years of a young person's life, when young people can start developing a sense of independence. "For anyone who is waiting for years on a Gender Identity Clinic waiting list, it can feel impossible and create a real sense of hopelessness," Lis says. **THIS** can prevent young people from feeling comfortable and affirmed during their journey into adulthood. Associate Professor in LGBTQ Research Zowie Davy seconds this, noting that the young people and parents involved in her research feel that "their lives are being put on hold, right when they feel they're ready for medical intervention, which is really psychologically damaging."

What makes these long wait times even harder to endure is the fact that there is no formal provision for young people looking for support or reassurance while they wait. Several youth workers mentioned the cycle of waiting lists that young people become caught in, between the waiting lists to access transition-related healthcare, and waitlists to access mental health support to ease the pain of the wait for that healthcare. "This can exacerbate existing or recurring mental health difficulties," says Hasan, Youth Engagement Coordinator at akt. "They're constantly on a waiting list, and not actually receiving any substantial or long-term support."

Lucie Brooke, support worker with Free2B Alliance, adds that the young people she supports get no updates or reassurance about how long their waits will be. "It's the lack of information that the parents and young people find so difficult, because you just don't know, and you're constantly hopeful that you'll hear something. A lot of our young people were putting their lives on hold for when they get to GIDS".



STREATMENT THROUGH GIDS **OF THE** young people and parents who already had direct experience with GIDS, most were critical of the way that the service itself is set up. While some had an overall positive experience, most found that they were 'grilled' about their experiences, without any indication of whether the trial of appointments would lead to healthcare provision.

They have made it near impossible to get hormone blockers before you're 16.

Hormone blockers are meant to stop puberty, so what's the point in taking them when you are near the end of it?

R, 14, TRANS MALE

Going through the wrong puberty was awful. Having to shower in the dark. It's that level of dread you want to avoid. Prescribing blockers would be so much better than letting people suffer through it.

C, 18, TRANS FEMALE

Our experience with the gender service was pathologising, traumatic, and intrusive. We had clinicians tell us our daughter was definitely not trans, and that they would be angry at us for supporting her at a young age. That upset me, but other parents could potentially adopt that view and chose not to listen to their own child. There are clinicians with no knowledge, just going off prejudice. They're giving advice not even borne out of literature to families who are in such a vulnerable position looking for advice. They're looking for health care professionals to help them navigate this difficult path, so when professionals do their job wrong it can be devastating."

D. PARENT OF A TRANS GIRL. 9

Young people repeatedly raised concerns around the fact that the GIDS process makes it difficult to access puberty blockers when they are needed. Rather than being able to interact with GIDS as a service designed to support their healthcare, they spoke about experiencing it as a service where the care they need is in fact restricted. These young people – as well as parents who had been through GIDS appointments – articulated an awareness that they are constantly being assessed, and that their access to transition depends on the opinion of clinicians who do not know them. This kind of gatekeeping around transition healthcare makes vital care an impossibility for many. "I've got a young person who's waited five years for top surgery," says Lilly Allenby, a youth worker with MESMAC, "and they're put in a room with ten people who are going to make a decision about what's going to happen with their body. As a cis person, I know my rights to healthcare, and I would be mortified if someone turned around and told me what I can and can't do with my body."

healthcare creates pressurised situations in which young people feel like they must convey their gender 'successfully', or risk being denied care. "Kids are in fear of not projecting themselves in the way that is expected of them," says Associate Professor in LGBTQ Research Zowie Davy. "So, a lot of young transmasculine people will go in performing their masculinity in a more heightened way than they would do normally, and that's the same for transfeminine people as well." Shona Beechey, an Assistant Youth Worker at Gendered Intelligence, adds that the GIDS process is even more difficult for non-binary young people, who shoulder the added burden of having to justify their need for healthcare to professionals more familiar with binary gender.

Ruth Pearce, a researcher at the University of Glasgow, adds that the number of assessments necessary to access medical transition to a significant extent drives the length of the waiting lists. "Our system, unlike many other countries', is quite clinically controlling. That paradigm is a large part of the current problem we have. Long waiting lists are partly due to underfunding and lack of staff availability, but underfunding is also because you've got these kids who are expected to attend many consultations in order to be told that they might get referred for hormones at some point. And that keeps people in the system longer, and it means that there is more resource strain on the service."



Our daughter is eleven-and-a-half, and we've been going to the Tavistock for a long time, since she was about six. It feels pointless sometimes. We are at a stage where we are now trying to move things along and get her on blockers. For a long time, she wasn't attending the appointments with us because there was an incident a few years ago that the clinicians handled so clumsily, she was so upset, and we couldn't put her through that at the time.

So we just kept going to the sessions as parents. They told us that it was "watch and wait", so it was just grilling us as parents. I was asked questions about my pregnancy and labour – stuff that was hard for me, because I had a difficult pregnancy, so that was traumatic. I went in thinking, "I'm going to talk about my child's gender and then I'm talking about a traumatic experience." But I had to brush it off, and go, "God, that was awful, but we will have to gear it up for the next one."

But now our daughter understands that if she wants the blockers, then they need to hear it from her. She understands, but she says, "I have to prove to them I'm good enough." I say, it's not that you're not good enough! It's such an awful thing to hear. But we're starting an assessment. I'm nervous about how the sessions will look, what questioning my child will be put through, and chances are she may not get what she wants from it. They've explained that there will be sessions and then it will go to a panel. They wouldn't give me information about who is on the panel. It feels like such an archaic way to get medicine for your child. It's not right.

I wanted an expert, not someone looking for problems that aren't there, which is what I feel the Tavistock have done. It feels like we're on trial as parents. It's exhausting going to those sessions, especially when they change clinicians every five minutes and you have to go through it all again with someone else.

We don't know how many sessions she's going to have to have, and obviously there are the court cases going on, and we're just trying to keep her positive and hopeful that she'll get what she needs. I've tried to look at private options because I don't have much hope of getting what we need via Tavistock.

B, PARENT OF A TRANS GIRL, 11

LEGAL CHALLENGES TRANS HEALTHCARE

THERE has recently been a rise in groups seeking to challenge the provision of transition-related healthcare for young people. These challenges have taken place in the courts, through representations to the government, and through media campaigns.

It's difficult for my young people to hear about the news going on with the courts, and the changes in regulations. One of them was so close to getting their hormones, and then everything changed.

LILLY ALLENBY, MESMAC YOUTH WORKER

The recent legal challenges that have gone on with trans healthcare have caused a lot of distress amongst young people and supportive caregivers. The uncertainty doesn't help, in terms of everything else that trans youth have to deal with. Having to fight for these things is a lot for anyone, never mind someone who is under 18.

DREW, INDEPENDENT TRANS HATE CRIME VICTIMS ADVOCATE, GALOP

At the time the consultations were conducted, the Bell v Tavistock court case was ongoing, and had already had devastating effects on the state of care for trans young people. This has included young people having to unexpectedly stop puberty blockers and hormone treatments, as well as a mounting set of anxieties among trans young people and parents that they may lose options for necessary medical intervention.

Additionally, anxieties around trans young people using puberty blockers and hormone treatments are rising due to the spread of misinformation, including the damaging rhetoric that puberty blockers are dangerous. Lui Asquith, Director of Legal and Policy at Mermaids, spoke to us about the concerning phenomenon of parents and primary carers being investigated by local authorities if they support their children in accessing healthcare.

"I've heard a few accounts now of local authorities investigating families as a result of families pursuing private healthcare," Lui says. Despite this only happening in a handful of cases, Lui mentions that more and more parents and primary carers are reaching out with anxieties around whether or not they are protected in supporting their children. "It is certainly a growing fear. We have lots of inquiries around what will happen if people seek alternative healthcare, whether they'll go to prison if they go abroad for healthcare, whether they will be signposted to safeguarding, whether their child's school will contact the local authority, not knowing what will happen as a result of giving affirmative support."

THESE changes are linked to a growing and pointed anti-trans rhetoric which paints transition care for trans young people as inherently risky. "That is something that has changed quite dramatically over the past few years – this very much feels like a growing fear that's being spoken of quite regularly," Lui confirms. "It is quite terrifying that something that strikes the heart of your private life, your self-dignity and autonomy, can result in a state investigation. It is one of the most concerning situations I have seen."

ADDITIONAL BARRIERS

TO TRANS YOUNG PEOPLE OF COLOUR'S HEALTHCARE

hear some desperately sad, desperately scary things about young trans people of colour's healthcare. It's really dangerous when you're let down by a doctor. And I think for TPOC there's an amalgamation of transphobia and racism, and often ageism, and there's such a toxic mix of things for them to try and navigate.

SHONA BEECHEY, ASSISTANT YOUTH WORKER GENDERED INTELLIGENCE

Many of the experts we consulted reported that experiences of being invalidated, challenged, or disbelieved in healthcare scenarios are significantly heightened for trans youth of colour they work with. This presents additional barriers for trans youth of colour to be able to access gender-affirming healthcare. "Trans young people of colour in particular can find it very difficult to be taken seriously by any professionals, but particularly by medical professionals," says Shona Beechey, an Assistant Youth Worker at Gendered Intelligence. "That seems to me to be a real area where young people are struggling to move forward with any kind of medical care or medical assistance."

Healthcare expert Azekel highlights that even when Black trans young people are fortunate enough to be able to access transition healthcare through the NHS, they are left dealing with a deeply racist healthcare system. "Black trans people [...] may be seen for the trans part of themselves, so that part of them is being supported, but even in the healthcare system they will be having to deal with racism, because unfortunately there is still heavy racial bias within the NHS."

Experts say that young people of colour are also less likely to be able to access adequate mental healthcare services. Hasan, Youth Engagement Coordinator at akt, attests that the racialisation of healthcare is "especially present when it comes to accessing mental health services, and feeling pressured to fit in to a certain model of what a person with mental health difficulties looks like. If young people are not willing to do that performance, then they're not going to get adequate or deserved healthcare".

In addition to lack of adequate support, trans young people of colour could also be more likely to experience being unnecessarily sectioned or subjected to violence at the hands of mental health services. Black trans people experiencing mental ill health could also be more likely to experience criminalisation when seeking help. Azekel notes "if you are a Black trans person, especially a Black trans non-binary person, you're more likely to be detained, or just more likely to be treated as if you are dangerous." The UK government reported that between March 2019 and March 2020, Black people were more than four times as likely as white people to be detained under the Mental Health Act (2007). Black people are also likelier to be subjected to seclusion and restraint during treatment.

ADDITIONAL BARRIERS

TO NEURODIVERGENT TRANS YOUNG PEOPLE'S HEALTHCARE

went to the doctor and they said to me 'Oh, we see you're non-binary, you might be autistic because of that'. That felt a bit wrong, because even if I am autistic, that isn't the reason I'm non-binary. It was invalidating.

Z, 15, NON-BINARY

Community expert Jorik Mol, an autistic teacher and neurodiversity professional, says that neurodivergent queer and trans people face difficulties navigating healthcare due to a lack of empathy and communication from healthcare professionals: "The things that we face as queer and trans people and the things that we face as neurodivergent people are usually the same things, just in different colours. So there are huge gaps when it comes to accessing healthcare, accessing services, accessing support, and people don't often think about the overlap."

Contributors and experts noted that being neurodivergent is both misrepresented as a cause of trans identity, and as invalidating a young person's ability to understand their own gender identity. Most often, our experts noted that they see instances of young people's identities being dismissed or discredited. Jorik Mol added that "people disbelieve autistic people's gender variance, simply because they're autistic. Doctors will tell you that you don't fall within the correct categories, so you can't be trans. And as gender variance is so common in people who are autistic, it is a direct obstacle for autistic people in this country."

Charlotte Andrew, Director for LGBT Youth in Care at Three Circles Fostering, has seen this pattern play out in trans young people's interactions with some social workers. "If a young person has a learning disability, or any disability, it's almost like that invalidates the fact that they're trans. I've encountered social workers who claim that the young person doesn't 'understand what they're talking about' regarding gender because of their level of understanding."

S Z

IMPROVING OUTCOMES

THESE IDEAS FROM YOUNG PEOPLE, PARENTS, AND EXPERTS

are aimed at addressing the shortcomings of healthcare systems as they stand. They are measurable, practical interventions which contributors suggested would improve their healthcare experience.

MAP the MEDICAL TRANSITION PROCESS

YOUNG people expressed the need for a map of the medical transition process, created by trans people, including:

- How to get a referral to GIDS
- What happens when you get an appointment at GIDS
- How long the waiting lists will be, and what communication you will receive
- The kinds of assessments you can expect
- The kinds of transition healthcare you can access privately
- Information about different transition routes, to help plan your transition

Parents of younger trans children expressed a similar need for a unified toolkit – specifically a single, comprehensive guide – which could help them understand the medical transition process and what it will entail for their children and families. This resource would ideally include:

- An overview of possible NHS and private pathways
- The process of getting support through GIDS
- What role they will play in their child's appointments with GIDS
- How to find reliable sources of support for their child
- Guidance around in which situations it is necessary to disclose their child's trans identity in (e.g. during medical emergencies)



SEVERAL young people, parents, and experts expressed the need for healthcare spaces to be less impersonal, and to feel non-threatening, to ease the difficult process of engaging with healthcare as a young trans person. Some stated that the cold, clinical healthcare spaces they arrived at had their 'guard up' immediately, making it hard to trust healthcare providers and express their needs.

If these are the cycles where young people feel unwell, or are made to feel unwell, or where healing has been made harder for them, what are the spaces where young people can feel powerful? Or where they can heal?

ISA SALLINEN, DEPUTY HEAD OF YOUTH SERVICE

GENDERED INTELLIGENCE

In mental health and GIDS spaces, young people suggested that this could include:

- Creating community-focused waiting rooms with opportunities to engage with local youth services, trans-specific events, and community supports
- Having comfortable surroundings (such as beanbag chairs and sofas)
- Making transition-related healthcare spaces feel less medical, because transidentity is not a disorder that needs to be fixed

Ruth Pearce, researcher at the University of Glasgow, suggested reimagining what transition-related healthcare settings can be. One idea involved adopting a model used in some Canadian healthcare settings, where trans youth services are in the same building as trans healthcare services. This would:

- Allow trans youth and youth workers to define the feeling of the spaces that they go to seek healthcare
- Allow for built-in youth worker and advocate support when needed
- Foster a feeling of community around the experience of transition, rather than one of isolated assessment by doctors
- Allow trans young people who are not seeking medical intervention to access the same level of resources, connections, and support as those who are

HEALTHCARE ADVOCATES

EXPERTS identified a significant need for paid trans healthcare advocates, who could help support young people through the process of seeking general, transition-related, and mental healthcare. For young people who lack the active parental support that many of our contributors had, having a healthcare advocate could mean finally feeling able to engage with healthcare professionals and seek the care they require.

Shona Beechey, an assistant youth worker at Gendered Intelligence, suggested that an advocacy model should be intertwined with the healthcare system and offered to every trans young person seeking healthcare, so that the onus is not on the young person to seek out support themselves. "If you're feeling like something went wrong, or you weren't heard in your appointment, you're probably right, and there's probably something that you can do about it,' Beechey added. Building trans advocates directly into the healthcare system – and ensuring that they are easily accessible – could help prevent many of the negative experiences that young people currently face.

Jorik Mol, autistic teacher and neurodiversity professional, adds that healthcare advocates are even more crucial for neurodivergent people and those who are multiply marginalised. "Autistic people are not believed by doctors – like women, people of colour, and queer people. It is an inequality within the medical system. Having a chaperone to go along with you is necessary because you shouldn't have to advocate for yourself. You shouldn't have to get misgendered in the waiting room. You shouldn't have to do it alone."

S Z

CHANGING SYSTEMS

THESE IDEAS FROM YOUNG PEOPLE, PARENTS, AND EXPERTS

are aimed at reimagining how the healthcare system in England works for trans young people. They are broader, systemic changes which contributors and experts feel would aid in addressing the insurmountable barriers that currently exist. These suggestions should be taken as larger goals to work towards, with room for smaller projects and advocacy opportunities along the way.

ACCES to GIDS REFERRALS BLOCKERS

Parents should be trusted to put our children forward. We know our children best, so why does it have to go through a medical professional who doesn't know our child at all? They're going to collect evidence from other people, but I'm here every day. If you want an ideal solution, parents and carers should be able to apply to Tavistock for them.

G, PARENT OF A TRANS GIRL, 7

- would like to be able to refer myself [to GIDS] without my parents' knowledge.

 N, 15, TRANSGENDER MAN
- If you decide to stop puberty blockers, that won't damage anything, so if a kid says they are trans, blockers should be given straight away while they are being diagnosed. Because some of us have to wait years before we even get it. It puts me in distress to watch others go through it because I went through that.

 E, 15, TRANS FEMALE
- For things like blockers, they should not make us wait for a long time, because they're completely reversible. It shouldn't have to go through so many thresholds. Every time my friends [who are transitioning] get to a new step, they have to talk to a whole new board of people.

K, 17, NON-BINARY BOY

ALONGSIDE the need to ensure the GIDS referral process becomes easier to navigate, many trans young people and parents expressed the desire for fewer restrictions around who can refer a young person to GIDS.

Parents assisting their younger children through the process noted that it would be easier if non-medical professionals, such as teachers, were able to refer children to the services. Some wished they could refer their child themselves, since they are usually the ones completing the referral paperwork, and they have the most first-hand knowledge of their children.

Trans young people, especially those without supportive caregivers, wished they could refer themselves for GIDS appointment without parental involvement. Throughout the consultations, unsupportive parents were the most common barrier to young people receiving affirming care. Young people are seeking a way to engage with the healthcare system without their access being controlled by parental consent.

TRANS young people also repeatedly and consistently shared that they need access to blockers without being put through an assessment process. They understood blockers as a crucial but reversible intervention that allows them to avoid a distressing puberty, while also providing time to decide on next steps. As Jorik Mol, autistic teacher and neurodiversity professional, put it: "Going on blockers is not a decision in and of itself – blockers are something leading up to a decision."

Ruth Pearce, researcher at the University of Glasgow, suggests that in general, reducing restrictions and gatekeeping will improve people's progress through the gender clinic system. "If you have less gatekeeping, people will get through the system quicker and the waiting list will reduce, even if you have the same amount of funding. We're now seeing that's true – the Welsh gender service is a lot more flexible and sort of gives a lot more space for people to be themselves, provides fewer blockages and fewer long-winded assessments for people, and they're seeing people a lot more quickly than the traditional English services."



TRANS young people and parents were clear about the need for trans-competent mental health support services to be built into healthcare systems. Crucially, as discussed in the section on "Inadequate and Pathologising Mental Health Services," trans young people need access to mental health support that is not provided with the aim of assessing their gender identity or treating their experience of gender as a mental health problem.

Therapy is important, especially with waiting lists. It could be useful during the waiting lists to have gender-related therapy, and better communication between therapists and gender services. I think what would also be really useful would be to have another gender identity service that's therapy, group therapy where we actually talk about trans issues straight on. Actually talking about the problems can be really useful. Especially 10-16 [year olds] – I think that's a really valuable age, where you can get quite lost.

A, 17, TRANS MALE

We need a framework and strategies to reconcile the process, so that when puberty does come, it doesn't affect her mental health.

V, PARENT OF A NON-BINARY CHILD, 9

Some parents who are supporting prepubescent children requested a mental health support service built into the GIDS process for the point at which their child will begin experiencing the wrong puberty – especially if they are still on the GIDS waitlist at that time. These parents felt it was important to have a separate mental health support offered to their children in conjunction with the often troubling experience of having to navigate clinical assessments.

An increase in non-assessment mental health support must also happen outside of the gender clinic system, to ensure that those young people who choose not to medically transition, or who want to but have been denied access to GIDS, have affirming mental health support regardless.

Healthcare expert Azekel suggests that it is crucial to put energy into building mental health services within our communities. "[Organisations like Black Trans Foundation] are saving lives. We know that services like this work. The evidence is there. And Black Trans Foundation was founded from scratch by three Black trans people who stood up during the pandemic and said 'enough is enough.' In less than a year, we've built a thriving mental health service, and it's working, it's saving lives."

The most effective interventions in mental health support are going to be those that are not beholden to current healthcare systems, which privilege white, cis experience. "I do believe in change," Azekel continues, "but I think that the people who are going to change the world are going to be the ones who know what we are doing, and can act by having actual lived experience. We can't sit around and wait for the NHS to recognise that trans people exist, or wait around for mental health services to realise that they should hire a Black counsellor. We need to build it ourselves – that hope is in ourselves."



It would be nice if I knew my GP was educated and trans-friendly. I want my GP to ask preferred pronouns and name and to be educated on some level about trans things.

N, 15, TRANSGENDER MAN

Nurses and midwives need to get the same education as doctors. If a trans or non-binary person needs a midwife, it's difficult as the midwife might not know how to react, it could be horrible, and it could be they don't know how to help and get it wrong. This means people get worse care. It's not mandatory, it's up the universities to choose if teach it, but everyone needs it.

There are certain things that you get taught regardless of where you go into healthcare, like confidentiality, and gender should be like that. They should do like roleplays, with someone in different circumstances with different genders, and not for that topic, for all topics, so they know in roleplay to ask name and pronouns.

L, 17, TRANS MAN

[Our GP] mentioned previously they had a few trans kids so I think my view, I think what has helped what has made this a pleasant experience is perhaps the previous experience and knowledge about how to deal with this.

T, PARENT OF A TRANS GIRL, 6

The fact you can become a qualified GP and not have done any work with transissues is unbelievable.

P, PARENT OF A NON-BINARY CHILD, 12

The lack of trans people in trans healthcare is mad. You have cis people in cis healthcare, so why not have trans people in trans healthcare?

L, 17, TRANS MAN

TO COMBAT the lack of knowledge and tacit bias on the part of healthcare providers, trans young people and parents suggested making a module on gender identity a requirement in all medical training, and standardising exercises in trans-inclusive bedside manner (e.g. asking for names/pronouns, using non-gendered language for bodies) across all areas of medicine. In addition to standardised training, experts suggested the following solutions to the lack of trans-competent professionals in healthcare:

GENDER SPECIALISTS IN GP SURGERIES HOSPITALS

Some experts suggested having a designated 'gender specialist' role at major GP surgeries and hospitals, so that there will be always someone properly educated and trans-competent on staff. This person could take on a 'gender specialist' designation in addition to a broader healthcare role.

"We all know that GPs have particular specialisms, but it should be mandatory that you have to have a specialist in gender," says Associate Professor in LGBTQ Research Zowie Davy. "I think there needs to be a nominated person – it doesn't have to be a GP, it could be a nurse or a manager in the surgery – who knows exactly what they're doing when it comes to trans needs. There does need to be a designated person in each surgery who knows the system, because we can't expect everyone in the surgery to know it. So then if a trans or non-binary patient comes in, they get placed with people who know."

TRANS PEOPLE IN HEALTHCARE ROLES

Several experts suggested that healthcare experiences would be improved for trans young people if their healthcare and mental health support professionals were also trans. While this is a difficult solution to put into practice – especially in the short term – Isa Sallinen, Deputy Head of Youth Service at Gendered Intelligence, suggests that it is especially important to invest in trans communities as caring professionals. "There's something important about boldly reimagining what trans healthcare could look like and who could provide it. So looking at the difficulty that young people face accessing care that is provided by cis professionals – could we have more trans people doing this care as well?"

Especially for trans young people of colour, and neurodivergent trans young people, having a healthcare professional who is implicitly aware of their needs, and able to shape healthcare around them, is particularly important. "Trans young people should be able to be seen by medical professionals who have walked a similar path in life as they have," says Shona Beechey, an assistant youth worker at Gendered Intelligence. Healthcare expert Azekel adds that for mental healthcare, being able to draw on shared experience is crucial for trans young people of colour. "You can't enter a healing space without that therapist making you feel safe. And you're much more likely to feel safe when you share partial or whole lived experience, because you don't have to explain it; there's a mutual understanding. The healing that takes place is more sacred and effective because there is a safe space."

Having professionals with various and intersectional identities is necessary at every level of healthcare practice. Jorik Mol, autistic teacher and neurodiversity professional, adds that, "If trans kids need mental health care, we need to have trans people as therapists, as psychiatrists, and as people who write the manuals." An ideal situation for trans young people would be having people with lived experience involved in decision-making processes in healthcare systems, says Azekel. "Ideally, there would be a large board with people of many, many different intersectional experiences to oversee decision-making, or even just to act as consultants for those who currently run the NHS – they would have to go to this board of consultants and make joint decisions."

PROVIDE TRANSITION CARE THROUGH GPS

[Transition healthcare] should be provided by a GP, with the addition of a local hospital if they need an endocrinologist. I don't think going to a psychoanalyst is ever going to be helpful, and if they want to talk about gender, I don't think that a cis psychoanalyst is going to be the best person for them to talk about gender with. The pathway should be through a paediatrician or a GP, combined with an endocrinologist.

D, PARENT OF A TRANS GIRL, 9

MANY parents of trans young people we consulted wished that their children did not have to pursue transition healthcare through GIDS at all, and could instead access the same healthcare through general channels. Namely, that initial consultations could be managed by a general practitioner, and that prescriptions for puberty blockers or hormones could be handled by a local endocrinologist if necessary. Lui Asquith, Director of Legal and Policy at Mermaids, agrees: "The primary focus should be on upskilling our GPs, our primary care providers, who are more than capable of reviewing, assessing, and prescribing things like puberty blockers, that are renowned globally as being reversible." Lucie Brooke, Free2B Alliance support worker, affirms this idea: "Why should gendered healthcare be through a specialist place? The general practitioner should be able to support young people with the majority of their needs, and then only go to a specialist if there's an additional need. You shouldn't have a specialist unless there are additional complications occurring, it should just be a standardised, normalised situation where your care is incorporated into main system."

In addition to removing gatekeeping barriers and waitlists, having transition care take place at the GP's office would allow a single healthcare practitioner to follow a young person's journey over the life course. "Why not simply, instead of having to move, see the same doctor that you know and that you trust? So if they've been helping you with your hormones since you were 16, you might be in your 30s and have an issue and they know your medical history, and you have a personal relationship, and you can talk that through," says Ruth Pearce, researcher at the University of Glasgow. This continuity of care could lead to fewer assessments, and a broader base of trust that could enable trans young people to vocalise their needs and receive proper care. Healthcare expert Azekel affirms that this model would make healthcare more accessible and affirming for trans young people: "You would have a medical professional that would be with you through your whole journey, who you would have a personal relationship with, so you're not just seeing loads of different doctors and having to re-tell them very private and personal things."

IN THE meantime, while trans young people are left negotiating GIDS, there needs to be clearer correspondence between clinics and GPs, and well as a willingness to take on shared care, says Associate Professor in LGBTQ Research Zowie Davy. Healthcare entities within the NHS need to be on the same page about how transition interventions are commissioned, starting with clearer shared care agreements. "We don't have a standard shared care form, in 2021. We need a form that lays out the basics and can be added to with any patient-centred additions that people need. We know what the treatments are, they're done very widely. We can list those quite easily – having a transmasculine version and a transfeminine version to account for variations – it's not that difficult to set it out properly: 'if needed, we will do blockers, hormones, voice therapy, and surgery if necessary or wanted'."

Having an industry standard for communication between services would clarify pathways, prevent people being bounced between services, and prevent healthcare professionals from refusing care because they are unclear about their responsibilities.



U

SCHOOLS STATE AGENCIES & VIOLENCE

INTRODUCTION TO SCHOOLS, STATE AGENCIES VIOLENCE

The world, for many of the trans young people we work with, feels very unjust. It sometimes feels like it's designed to make them feel powerless, because there is just so much injustice there. I'm thinking of our young people's experiences of being at school, and the school identifying the young person as the problem, rather than identifying the problem as the problem, this happening time after time after time."

ISA SALLINEN, DEPUTY HEAD OF YOUTH SERVICE GENDERED INTELLIGENCE

All of my trans friends have awful experiences at school.

N, 15, TRANSGENDER MAN

Though the TRANSforming Futures project mandate includes the aim to specifically learn about trans experiences of the criminal justice system, the trans young people who participated in this community consultation had generally had less contact with formal law enforcement, and instead enumerated experiences of injustice and justice that spanned several areas.

During community consultations, trans young people and parents were prompted to define what 'justice' means to them, and the role that it plays in their (or their child's) lives. The areas that contributors spoke about most consistently fall under the broad categories of school, state agencies, and violence. Combined, these categories demonstrate how trans young people experience 'justice' on a daily basis: pervasive injustice in their learning environments, difficult interactions with state agencies, and heightened vulnerability to violence.

The issues that trans young people spoke about include harassment and trans-specific exclusion in schools, heightened anxiety around legal challenges to trans inclusion, and concerns around how gender is approached by the government. To account for demographics of trans young people who did not take part in the consultation process, we also spoke to experts on specific and acute areas of injustice, including trans young people's experience of abuse, of being in the care system, and of homelessness.

Most experiences that trans young people shared with us were negative, usually representing a daily landscape of injustice. The few positive experiences included teachers, youth workers, or other individuals providing one-on-one support or advocacy, especially in cases of helping a young person address an instance of harm.

However, despite the work of a handful of caring individuals, trans young people continue to face ongoing harassment on both individual and national scales, and see few adequate pathways to address it. Negative experiences in school and with state agencies can have long-lasting impacts on trans young people's well-being. As Lis, LGBT+ Specialist Young Person's Advocate at Galop, points out, many social narratives around trans existence still attribute a general sense of suffering to trans identity. As a result, "young people feel that abuse and violence is almost inevitable, and it can be so common with their friends and other relationships that it feels like a norm of their experience, especially when they are also being inundated with public narratives that are exclusionary and violent." Moments of harm, like those discussed in this section, can become pervasive, making it more difficult for trans young people to advocate for themselves. "Seeking justice in the face of that often feels unjustified," continues Lis. "Trans young people don't feel entitled to it."

The issues outlined in this section are those that were spoken about most frequently by the trans young people we consulted. Contributors' ideas about how to improve their experience at school, their safety, and the overall situation for trans young people spanned from small, specific interventions to large structural changes, and can be found on page 115.



IN JUSTICE



TRANSPHOBIC VIOLENCE ABUSE

Many trans young people experience transphobic violence and abuse. We spoke to members of Galop's young person's team, who work on issues of hate crime, domestic violence, and sexual abuse faced by young people. Trans young people who experience these harms are more likely to come into contact with the criminal justice system, but usually because another agency or an adult in that young person's life has taken a process of seeking formal justice forward without the young person necessarily wanting to do so. "There are intersecting factors that prevent trans young people from desiring or feeling entitled to seek criminal justice, or legal forms of justice," says Lis, LGBT+ Specialist Young Person's Advocate at Galop. "So the kinds of justice that we help young people find will look radically different for each person."

Trans young people can be put at further risk of violence and abuse due to a lack of trans consideration in safeguarding, an assumption that families are always or especially safe for trans young people, and a lack of understanding of trans experience by those who intervene following experience of abuse.

Standard definitions of abuse and standard safeguarding protocols are often designed around cis young people, and therefore overlook trans young people and put them at further risk of harm. "On the whole, trans and non-binary experiences of abuse are not recognised or included," says Lis. "Identity is rarely seen as an important factor in that experience. If a child or young person is experiencing abuse where a core component is transphobia, there is no box or assessment or structure that holds that experience as a risk or as a safeguarding factor under the Children's Act (2004) in the UK. It really falls into a gap, which is worsened by statutory services not having trans-affirming knowledge or an understanding of this experience of abuse." Standard monitoring processes often miss opportunities to assess risk that might be specific to trans young people. A lack of recognition that abuse and violence in a child's life is transphobic can lead to further vulnerability, as well as difficulties finding spaces where survivors can remain safe after leaving an abusive situation.

The assumption that family units are safe for trans young people also puts them at further risk if they are already vulnerable to abuse within their family. Many professionals interacting with trans young people may prioritise the family unit over the validity of a trans young person's experience of harm.

"In context of abuse," say Lis, "family members of trans and non-binary children may perpetuate something that we call the 'myth of the difficult trans child' – the claim that the problem lives in the trans child, and that they create the difficulties. The empathy often gets given to the parents for being faced with this 'problem'. And people aren't problems, but if you make them into them, it's incredibly dehumanising."

If the risk of transphobic familial abuse is not recognised or assessed as a risk, trans young people may be subjected to family mediation as a solution to 'family conflict', with the aim of familial harmony taking precedent over that young person's well-being. "Oftentimes through a child protection lens, they see a sense of justice in actually healing family, and healing family often undermines the depth and breadth of what transphobic abuse does to a young person," says Lis. "This can lead to a furthering of things like trans conversion practices, where family is at the core of perpetuation of abuse." Similarly, if transphobic abuse is unassessed by professionals, it can lead to situations where potential abusers are welcomed into 'safe' spaces, assessments, and hospital rooms, causing young people to miss opportunities to describe what they are experiencing, and seek safety and support.

Further, a lack of trans-competence on the part of professionals who intervene after an experience of violence or abuse can cause further harm. "Things like misgendering and deadnaming can cause further trauma to trans and non-binary survivors," Lis identifies. "They lose control over their own journey, and new risks are created. If gender identity is not understood, recorded accurately, and respected in those moments, that's further trauma and the young person isn't safe to share what's happening. They might then get referred then into a non-specialist service in which they can have things prescribed to them, procedures that happen that do not affirm who they are, and that create further violence." This presents even more of a risk in the aftermath of sexual violence, especially if there are professionals who will be discussing or treating a young person's body in any way. "There are very specific concerns about how things like forensic and physical examinations are carried out, if a young person hasn't had the opportunity to label themselves and their body in their own language. They've just gone through something deeply traumatic, and on top of that, their experience of services which aim to address the abuse can also be re-traumatising."

For more information on trans young people's experience of abuse, and mechanisms for seeking justice, see more information from TRANSforming Futures project partner Galop at galop.org.uk.



School is so frustrating in the fact that they have so many anti-bullying and equality assemblies but when bullying or discrimination actually happens, they do [nothing] about it.

R, 14, TRANS MALE

was sexually assaulted multiple times by a girl at school and she got one detention.

F. 14, TRANSFEMME

Teachers don't care if you get called slurs, which is really upsetting. I try to explain, but I get brushed off as overreacting.

N. 15. TRANSGENDER MAN

Kids would misgender me and call me slurs. I would be with my friends and the boys would shout 'tranny' or 'transformer'. And there would be teachers there and they wouldn't say anything. I'd feel so lonely. And if I report it, the teachers say, 'I'm sure they didn't mean it that way. It's just a joke'. But it's not a joke. Eventually the boys were physically threatening me and the teachers wouldn't do anything about it. I was forced to go into the same classes as them. It was really insensitive and the teachers didn't take me seriously.

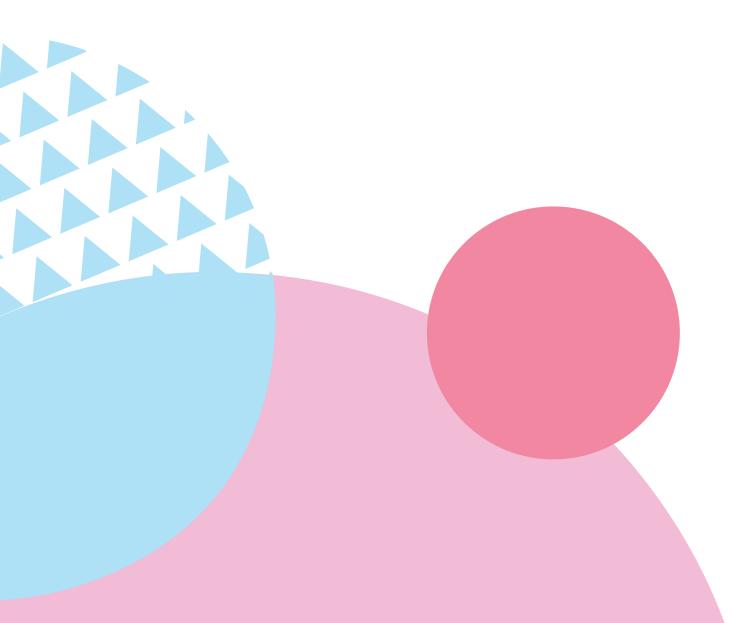
E, 15, TRANS FEMALE

The teachers don't recognise it because a lot of the bullying is discreet. They use my chosen name, but in a really sarcastic way. You can't report that to a teacher. You could try and it explain it, but it sounds stupid – I don't know how you would facilitate that.

K, 17, NON-BINARY BOY

EACH of the trans young people who participated in consultations had experienced trans-specific targeted harassment from other students. Even in schools which have active anti-bullying initiatives, trans young people find themselves targeted, especially during periods of social transition (after they have asked for their teachers and peers to use new name and pronouns). This harassment is a more pervasive and constant experience than it was a decade ago, says Shona Beechey, an assistant youth worker at Gendered Intelligence. "We hear a lot from young people about the very traumatic experiences that they have at school. School doesn't stay at school like it used to anymore, because of social media. Young people are expected to keep picking themselves up and putting themselves back into this really traumatic, violent space, and then when they come home, it continues online."

As the quotes from young people demonstrate, what they find most upsetting is not always the harassment itself, but the lack of reaction from their teachers, and the lack of consequences that their harassers face. Young people experience teachers justifying students' transphobic behaviour, ignoring trans young people's concerns, and not taking transphobia seriously as a form of harassment. "It builds up a school culture," continues Shona. "You can't expect young people to respect their peers if they're being shown that their peers aren't worthy of respect from those in positions of power around them." Lucie Brooke, a support worker at the Free2B Alliance, agrees that the bigger issue is the inaction of people in charge. "It's not so much the bullying, it's how it's responded to when the school doesn't support or understand the issues." Many of the young people that Lucie works with, when they tried to seek justice after peer harassment, were themselves blamed for the incident. "We've had situations where school administration argues that if a child didn't wear a skirt to school, they wouldn't have been bullied. It happens so often, that the school will put emphasis on the person who is the victim of bullying or discrimination, rather than the perpetrator."





was bullied so bad by teachers and students so I dropped out. The teachers even told me to stop reporting my sexual harassment because I was missing too much class time being in the office writing reports.

W, 18, TRANSMASC/TRANS MALE

One of my teachers used quotation marks around trans women and said she didn't think they were real women, and she made offensive comments about bisexuals being cheats even though she's a PSHE teacher. Another one of my teachers made fun of me in front of everyone for changing my name and said that it was weird and I should go back, and I started crying, it was awful. She used to be one of my favourite teachers.

N, 15, TRANSGENDER MAN

[My friend] gets misgendered constantly by her teachers. Even though she asked for her name to be changed in the register, they don't change it. She's on hormones and grown her hair and fully transitioned, but her teachers still use he/him on her and call her by her deadname. It doesn't make sense. The teachers need to be educated.

E, 15, TRANS FEMALE

MANY trans young people have had teachers mistreat them, or refuse to acknowledge their gender identity, name, or pronouns. Regardless of whether the transphobia expressed was intentional or unintentional, explicit or implicit, trans young people are deeply impacted by instances where the adults who are entrusted with their well-being choose to act in ways that cause harm. Many young people wanted to emphasise these experiences as part of a trend that needs to be addressed.



GENDER-SEGREGATED spaces and activities pose daily problems for trans students. Issues around gendered bathrooms, changing rooms, and school uniforms came up most frequently during the consultation process.

I definitely modify behaviour around bathoom access, especially in summer. Sometimes I have to alter how much I drink, and that isn't a good thing. It's just a normal thing to try and feel safe. Disabled toilets shouldn't be changed into gender-neutral toilets, because being non-binary isn't a disability.

A, 17, TRANSGENDER MALE

Toilets and changing rooms are an issue too, my old school didn't let anyone use disabled toilets without a key, and in my new school the disabled toilets are the only gender-neutral ones, but I'm not disabled, I feel bad using them. Schools need to have more gender-neutral facilities.

K, 17, NON-BINARY BOY

For P.E. I change in a closet, and still do boy lessons.
F, 14, TRANSFEMME

My school wouldn't let anyone wear trousers for some reason. They said it was tied to religion.

N, 15, TRANSGENDER MAN

Toilets are an ongoing issue for trans young people at school and in public places. Many young people have legitimate concerns for their safety when using gendered bathrooms, to the point where they will go to unhealthy lengths to avoid having to use them in public. "So often our young peoples' solution is just not to drink or eat all day, which is incredibly unhealthy," says Lucie Brooke, Free2B Alliance support worker. "There are so many places where there are single stalls, completely independent and sealed and private, so why are they gendered?" Only one contributor was allowed to use the bathroom that aligned with their gender; the rest spoke about being told to use disabled toilets or staff facilities, set apart from their peers.

Trans young people also experience barriers to participating in P.E. or sports, and wearing a school uniform that aligns with their gender. Lui Asquith, Director of Legal and Policy at Mermaids, notes that many of the enquiries that their team receives are around issues of access to facilities within educational settings. "We get a lot of questions around letting young people use the toilet they want to at school, play on the sports teams that they want to, in what are often very binary settings." Many of the anxieties around implementing trans-affirming policies focus on these issues (see page 83).



SOCIAL WORK TRANS PEOPLE IN THE CARE SYSTEM

Trans young people in the foster care system, and those who interact regularly with social workers, face a particular set of challenges. Charlotte Andrew and Jacob Sibley, Directors of LGBT Youth in Care from Three Circles Fostering, spoke to us about the situation for trans young people in England.

One overarching problem area is the lack of standardised education for social workers and those working with fostering agencies. "There are many good social workers," says Charlotte. "But there are also social workers who are transphobic being approved to work with young people, as well as those who want to help but lack information and resources. For instance, I heard from a social worker who spoke about struggling to go out and buy make-up for a trans young person in care, because they were worried about the transphobic abuse that person might face wearing that makeup. What we should be doing is affirming young people's identity and buying the resources to support them, and then challenging the transphobia. Many people try to protect a young person, but by not acting, they're causing further harm by not affirming them and accepting them for who they are."

Training for those working with young people in care needs to be specific to each area of social care, Charlotte argues: "There isn't a section on gender identity when you do a social work degree, and there should be." However, there is currently no standardised training for any area of social care. Lui Asquith, Director of Legal and Policy at Mermaids, adds that their organisation receives enquiries from social workers seeking information on how to be trans affirmative, but that there is still no requirement for social workers to seek this kind of training. "Any institution working with young people has to create a centralised mechanism for requesting this type of training," they say. "It can't be 'anything goes'."

Jacob and Charlotte also flagged pathologisation and problematisation of trans young people as a pervasive problem in foster care situations – the "myth of the difficult trans child" is present in this sector, too. Trans young people are often understood as an additional problem, or risk, regardless of their behaviour. "I've seen sexual orientation and gender identity listed as a 'problematic area to be aware of' on a referral form," says Charlotte. "So often, trans young people are seen as a risk to be managed, or as a safeguarding problem. And their being seen as risky comes directly from societal transphobia and the stereotypical myths that people may believe about trans people."

Isa Sallinen, Deputy Head of Youth Service at Gendered Intelligence, notes that the young people in care who attend their groups struggle with being seen as a problem. "They are often experiencing transphobia, and when they express anger or unhappiness about the situation they get seen as the problem again," Isa says. "It's a situation where it can feel like there is no way to address that powerlessness, nothing to address that injustice."

Additionally, much like in healthcare settings, young people's gender identities can be viewed as being the product of an underlying problem, rather than as valid. "In social care, you're very unlikely to be accepted for who you are," says Jacob, "because workers are likely to attribute your identity to adverse childhood experiences. Even though they're often well-meaning, social workers will ask questions like 'what's happened in your life that has led to this?'" Charlotte adds that, "every trans young person that I've worked with in care has had their identity attributed to childhood trauma by someone within the system. It's a really big problem, because it's a dangerous practice."

Many of these issues persist in social care because of the institutional erasure of trans young people. Because gender identity information is not adequately collected or monitored, there is not a clear picture of how many trans young people there are in care. Without this knowledge, it is difficult to ensure that trans young people are placed with affirming foster carers, but also difficult to make the case for standardised training. "There's the perception that trans young people in care are rare, because there is a lack of data and research in this area," adds Charlotte. "So some foster agencies will tell you that they don't have the need for training. We lack policies and practice to accommodate trans young people, and there is a massive lack of acknowledgement that those policies are needed."

Charlotte and others at Three Circles Fostering have recently launched the first comprehensive resource guide for working with trans young people in care: see their website lgbtyouthincare.com for more information, and to access a toolkit and more resources for caring professionals working with trans young people.

LEGAL CHALLENGES TRANS INCLUSION

Our council had good guidance, but they withdrew it because they got legal threats from Christian Concern. They rolled over and took on all the suggested changes from Christian Concern, new guidelines that had been supposedly signed off by everybody including safeguarding. I got hold of a copy, and it was terrible.

The updated guidance said trans children aren't protected under the Equality Act (2010) – the whole council had just rolled over in the face of legal threats, because no one in the council understands the Equality Act and they're not getting guidance from government. I said to them that if they publish it, I will sue them. There is so much fragility in the justice system in terms of rights. If I hadn't threatened to sue the council, they were ready to publish.

D, PARENT OF A TRANS GIRL, 9

When I asked my child's school if they had a policy on trans inclusion, the first thing they said to me was 'we've taken legal advice', which seemed really uncomfortable when all I've asked them to do is introduce a policy that will keep my child safe. I don't know what the system is, if it's down to individual schools, but I'd love all schools to have a transgender inclusion policy in line with other policies. It's important and sends out a message to the wider community.

B, PARENT OF A TRANS GIRL, 11

OVER the past few years, there has been an increase in attempts to include trans people – and trans young people in particular – in inclusive guidance and policy issued by local authorities, councils, and schools. However, this increase has been accompanied by an increase in anti-gender and anti-trans groups challenging the legality of this inclusion, most often with the argument that trans young people are not protected under the Equality Act. In many cases, this has led to transinclusive guidance – which would have played a necessary a role in guiding schools and other organisations – being withdrawn.

Lui Asquith, Director of Legal and Policy at Mermaids, notes that we are in a moment where the anti-gender movement is particularly willing to litigate, which presents significant problems for organisations and councils who do not have the resources to pursue a court case, or engage more deeply with the Equality Act. "The Oxford County Council case is a really good example: the Oxfordshire guidance that went up and there was a letter of complaint sent and they took that guidance down as a result, because they didn't have the resources to challenge the letter."

THESE harmful legal challenges are happening on a foundation of widespread lack of understanding regarding legal rights and protections for trans young people. "The application of the Equality Act in schools hasn't been tested in case law," continues Lui, nor do England or Wales have authoritative governmental guidance (like that issued in Scotland) regarding how trans young people should be supported in schools. "This lack of clarity is being used by the anti-gender movement to say, 'we don't know what the official position is, so you can't go around saying trans kids can use what toilets they want to use'," says Lui. "The Equality Act generally allows the schools, education providers, to be as inclusive as they want to be. But the law is being used in a way that limits what actually is quite an inclusive Act. It's being used at the moment to suggest that the Act is far more limited than any case law has demonstrated it as being."

As a direct result, schools who have trans pupils are hesitant, or unwilling, to support them for fear of legal action. While many educators are making attempts to be supportive and want to do the right thing for their trans students, a growing anxiety over anti-trans legal challenges is leading to inaction. "Our schools are aware that the anti-trans movement is very willing to litigate against a school or a local authority if they're acting in an affirmative way. We've seen a rising multitude of teachers being worried about supporting a trans person through fear of being challenged over it, questioned over it, again this idea of being an influencer – an eerie echo of Section 28" says Lui. "At Mermaids, we receive contact from many professionals who just don't know what to do, asking things like 'can I do x without getting penalised? Is it legal? Is this OK?' when they're really just talking about providing basic support and care".

Lucie Brooke, support worker at Free2B Alliance, reported having similar experiences with schools who came to the organisation for guidance. "Because of all of the anti-trans arguments, schools are more nervous," she says. "They want to do the right thing, and we are working with schools who are proactive and are looking to improve their guidance. But they don't know what to do, because the guidance seems to be changing on a daily basis. Schools are so nervous about getting it wrong that they're actually just not doing anything.

anti-trans organisations, leading to teachers adopting transphobic practices because they believed that they had been provided with accurate information. "We've seen a huge amount of literature in respect to educational provision from the anti-gender movement, and this has contributed to confusing the education sector," says Lui. This happens in light of the lack of legal precedent or standardised national guidance on trans inclusion in schools and other settings.

Some young people mentioned that their schools had received contact and information from



CENSUS
MONITORING

- Getting your name changed is really hard, and then there's the added fact of 'best interest' or whatever the parent has to do, and there's all these confusing documents. You have to change it legally to get it changed in my school's systems. Also, the response to getting non-binary as officially registered from the government was really bad. If they're not going to recognise non-binary, I don't know what I'm going to do cause I don't want to be either female or male. K, 17, NON-BINARY BOY
- I'm so confused with gender markers. I started the legal process for my gender marker on gov.uk and it turned out that's only necessary for a birth certificate, and I don't know why it's a separate thing for passports and other documents. It's also super confusing with titles, so I'm legally Mr. as per my deed poll, but I'm legally female simultaneously.

W, 18, TRANSMASC/TRANS MALE

- We had a census recently and if you're an adult you could choose non-binary or etc. but for kids, you couldn't. We wrote and complained and they said they'd look into it but they didn't get back to me. How can you have it for adults but then just not for the kids? It really shows a lack of understanding G, PARENT OF A TRANS GIRL, 7
- Looking at [the census] and realising that option isn't there until he is 18, he's just not represented at all. It's upsetting. You feel like, is this really the world we're still living in?

H, PARENT OF A TRANSMASCULINE BOY, 10

TRANS young people expressed confusion and anxiety about the prospect of getting their legal names and genders changed, many of them feeling daunted about how to start the process, or how to deal with inconsistencies in documentation. Some young people had difficulties getting their school to change their name internally if it had not been legally changed.

Another frequent concern among trans young people and parents was the lack of a non-binary legal gender marker option. Some expressed disappointment and worry over the UK Government's lack of policy work to legally recognise non-binary genders. "The government has stopped looking at non-binary being a legal gender because they say it's too complicated," says Lucie Brooke. "It can't be that complicated as other countries have implemented a legal gender-neutral marker. They just don't want to put any effort into it." Some parents who had recently filled out the census for their household expressed worry that there was no opportunity to provide additional information on their child's gender identity or to officially record their non-binary gender identity, as there had been for adults. Without this process of collecting data on gender identity for people under 16, trans young people are being erased from national monitoring of gender identity.

Highlight

EXPERIENCES OF HOMELESSNESS

Trans young people who experience homelessness could be more likely to be vulnerable to discrimination, are at greater risk for harm, and have a greater likelihood of becoming involved in the justice system. For trans people in particular, homelessness is a broader issue which impacts access to healthcare and safety. Hasan, Youth Engagement Coordinator at akt, spoke to us about the issues faced by trans young people who experience homelessness.

Often, trans young people are put at risk of homelessness due to transphobia in the family home: many leave their family home after a negative experience coming out, or when they've reached a point where they do not feel safe coming out to their parents or caregivers. "The original issue is often a lack of support or understanding, or familial rejection on the basis of a young person's trans identity. Many trans young people, if they've been kicked out or don't feel safe at home, may have not been able to start their social or medical transition and find themselves facing housing agencies that are not very trans inclusive immediately after coming out," Hasan says. This can lead to situations where trans young people are placed in unsuitable housing, or even choose not to engage with housing associations.

"Most housing services are generally not very trans inclusive, and do not understand the complexity of trans experience," says Hasan. "Trans young people often face deadnaming, various kinds of transphobia, and being put into unsuitable emergency accommodation by an unknowing housing official." Especially in cases where a young person is not understood as trans, or has not had the resources to present as or be recognised in their gender identity, they are not seen as being at additional risk, nor as a priority for housing. "We try to get trans young people seen as a priority in their need for housing if they are experiencing difficulties that make them vulnerable," Hasan says. "They'll often be facing housing workers who don't understand them as trans, and who don't understand them as vulnerable because of their transness. And they will almost be forced to be talk about their vulnerabilities to housing officers in a situation where that vulnerability isn't understood, so they're having to regurgitate their traumas in a very unsafe and unhelpful space to a person who will essentially dismiss it. So it is, on various levels, a very taxing and mentally draining, demotivating, and unsafe process."

A lack of trans-competent housing and homelessness officials can exacerbate the vulnerabilities that trans young people already face when they lack safe housing. Unsuitable housing can lead to heightened levels of transphobia if young people are placed in hostels or shared flats, other shared accommodation not appropriate for their gender, or unsafe spaces that are not monitored.

Trans young people who experience transphobic incidents in housing often have no recourse to be moved to safer housing without making a complaint to the police. Hasan adds: "Complaints are only taken seriously if the police are involved and if it can be seen as a hate crime, but that is very hard to prove. It's also not a process that many trans people – especially trans people of colour and transfeminine people – want to go through. So they're just forced to leave their housing."

Discrimination from police also leads to heightened levels of housing instability, Hasan details. "During the pandemic, in order to be categorised as 'street homeless' and receive the appropriate support, you had to have a fixed place where you were sleeping on the streets – you had to be 'bedded down'. But we saw a trend of young Black people, among them trans Black people, having to deal with violence or criminalisation from the police, which would make them move around a lot. As such, they were unable to have a fixed place verified by outreach teams and so unable to receive support from their local authorities".

Homelessness also acts as a barrier to accessing healthcare, and is therefore an additional barrier to trans young people's ability to access medical transition and gender-affirming care. "The lack of a fixed address means that starting medical transition via a GP is already a massive barrier," says Hasan. "You can't start the process with a gender clinic if you haven't been able to go to a GP, so housing and healthcare end up intersecting quite a lot."

For more information on trans young people experiencing homelessness, see https://www.akt.org.uk/.

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IMPROVING OUTCOMES

THESE IDEAS FROM YOUNG PEOPLE, PARENTS, AND EXPERTS

are aimed at providing immediate support for trans young people navigating schools, state agencies, and justice systems as they currently exist. They are practical interventions which contributors suggested would improve their everyday experience facing discrimination.

YOUNG PEOPLE'S SPACES

My youth group at Gendered Intelligence has been absolutely amazing, basically a life saver. It's nice to talk to other trans people, and get tips and advice from them... it's nice to have that connection, to know I'm not the only one who is trans.

L, 17, TRANS MAN

It's nice to know other people experience similar things.

N, 15, TRANSGENDER MAN

There's a difference between having supportive friends and family who are cis, and having someone else who's been through it. I heard [a trans youth worker] talk the other day about the importance of a child being with an adult who looks like how they may look, and how important that was to them. We need support from within the community.

V, PARENT OF A NON-BINARY CHILD, 9

The youth work I see happening with trans young people is incredible, but sometimes it also feels like a glimpse of what could be if we had more resources, more time, more money.

ISA SALLINEN, DEPUTY HEAD OF YOUTH SERVICE GENDERED INTELLIGENCE

BECAUSE recruitment took place through existing trans organisations, all youth contributors attended a trans-specific youth group. They often spoke about these spaces being ones where they were first able to feel supported, feel less lonely, make friends who are trans or non-binary, and talk about their concerns with others who implicitly understand them. Several experts agreed that spaces designed specifically for trans young people are one of the most effective tools for promoting well-being, developing confidence and social skills, providing a sense of community, and empowering trans young people to devise autonomous solutions to the problems they are facing.

Isa Sallinen, Deputy Head of Youth Service at Gendered Intelligence, spoke to us about how spaces crafted specifically for trans young people produce major changes and increased resilience in the lives of the young people they serve. "We see a significant difference in the young people who come to our youth groups – even after one group, they appear more confident, they're able to voice their concerns, voice their thoughts, to say what they need." Other trans-specific spaces, such as Gendered Intelligence's residential camps for trans young people, are especially impactful. "Being together in a residential with only other trans people is healing on its own, but we also see the impact that it has for young people afterwards. It enables young people to challenge when they're mistreated, because they know what it feels like to be treated with respect, love, and care. Existing in a trans space gives you something that you can take with you, and carry with you in the world."

This increased sense of confidence, support, and ability can translate into trans young people being able to articulate what they need in other spaces, especially in situation where they are facing injustice.

"IF YOU feel supported and know who you are, it is so much easier to challenge those things," says Lilly Allenby, a youth worker with MESMAC. "It gives young people the courage to turn around and say 'actually, that's wrong' or 'I don't like this'."

Trans-specific youth spaces can be a haven for positivity that many trans young people lack at school and home. "Young people are often in spaces where their truth doesn't mean very much," says Shona Beechey, an assistant youth worker at Gendered Intelligence. "We need more spaces focused on young people understanding how to speak their truth, and having it received in a safe way by someone who cares for their well-being,". Hasan, Youth Engagement Coordinator at akt, echoes this: "Trans young people need more joy-based things. We know how many barriers there are. At some point, we need less gaslighting and more space for trans joy."

Establishing spaces to share with peers is even more crucial for trans young people of colour, and other groups facing specific systemic barriers. Shona Beechey, speaking about their experience working with trans young people of colour, states that "especially for young trans people of colour, for whom there can be a lot of familial disownment upon coming out as trans, there can be a loss of a meaningful support network. That's where spaces become really important: to build a community network so you can at least speak to other people who understand, know that you're not alone, and come to expect to be treated in a better way."

Another benefit to trans-specific young people's spaces is that organic, youth-led solutions to the problems outlined above are more likely to emerge the more connection and autonomy trans young people are given. Young people's spaces, residentials, and youth groups can empower young people to develop their own methods for thriving and reaching justice in tandem with each other. "Spaces like this can support young people to create structural change, do advocacy work for one another, or learn skills that they need for life," says Isa. "That is the kind of training we need to change the world – it just feels like we need more space and time."

While outstanding trans youth work is happening across the UK, much more could be done, and much more holistic support could be provided to trans young people through existing networks. Youth workers specifically highlighted the persistent need for:

- More trans young people's spaces across the UK (especially in underserved rural areas)
- More 24/7 trans youth centres owned by trans communities
- Campsites or residential sites owned by trans communities

HEALTHY PEER SUPPORT

YOUTH workers we consulted mentioned that trans young people are not only weathering injustice on their own, they are often also supporting their peers through similar experiences. One urgently needed solution, which many mentioned, is to introduce resources for trans young people to help them take on support roles in a healthy and sustainable way, without experiencing further vicarious trauma. This could be offered in existing trans-specific spaces, and be modelled by those who work directly with trans young people.

Whilst hoping for long-term major change, it's really good to build networks, community, and peer support between parents, families, children, and trans communities, just to help each other get through. I think that's where I'm at. I don't see the media narrative changing any time soon and I don't see us getting political protection any time soon. So, trying to remain optimistic and help each other through."

D, PARENT OF A TRANS GIRL, 9

"Trans young people don't have the responsibility to care for each other, but the reality is that that work happens. We know that high levels of peer support happen in relation to mental health," says Isa Sallinen, Deputy Head of Youth Service at Gendered Intelligence. "There is a duality there: it can be incredibly healing and powerful, but also incredibly taxing, tiring, exhausting. We know that the risk of suicide is high in trans communities, and several of the young people I work with end up also supporting other trans people who are at immediate risk of harm, but don't have any support for that."

Lis, LGBT+ Specialist Young Person's Advocate at Galop, also commented on the reality of trans young people taking on high levels of responsibility for their friends' well-being. "We know that if trans young people are going through something difficult, they are most likely to tell a friend first. There is a high level of vicarious trauma that is happening," Lis says. "That's not the fault of trans social networks, it's the fault of the state of treatment of trans and non-binary young people. It creates a lot of burnout that leads into adulthood – we might see people catastrophising, or feeling a real sense of hopelessness, because they're not just carrying their trauma, they're carrying the trauma of the community."

TO PROVIDE trans young people more direct support for this context, experts suggest the development of programming tailored specifically to helping trans young people navigate personal relationships in healthy and balanced ways, and which take into account these community contexts. "Trans young people need a space where they can think together about how to do this, how to help people who are really struggling, and what they need to feel supported in the work they are doing," says Isa.

Lis adds that it is crucial to empower young people dealing directly with the impacts of transphobic discrimination. "Whether they're trans or not, we need to look at how we can empower people's friends, if they want to help but they just don't know how. We need spaces where young people can learn how to respond to a friend, learn boundaries and where to draw the line of how much they can help, how they can care for themselves, and what to do when 'go tell an adult' isn't a reasonable recommendation."

This kind of programming could be delivered through youth-specific services, and is also needed in the form of resources and information that could be safely found online.

JUSTICE ADVOCATES

MUCH like the need for healthcare advocates, trans young people and experts noted that it would be useful to have a standardised process for seeking support when navigating situations of injustice, especially when they occur in schools or other institutional settings. Some of the trans young people who expressed the desire for a trans justice advocate were not aware of similar programs already serving the UK, and would benefit from a more standardised way to access advocacy support.

think there should be an LGBTQ+ advocate in all schools.

N, 15, TRANSGENDER MAN

Trans youth justice advocates, experts advised, would ideally be knowledgeable about how to navigate formal legal systems. Alongside this, they would provide support for individuals choosing a path towards justice, allowing the process of confronting injustice to remain led by trans young people.

"Advocacy is something that is quite important when it comes to emboldening young people to speak in a situation where they've been mistreated," says Shona Beechey, assistant youth worker at Gendered Intelligence. "It will also help young people learn that what they're experiencing is not OK. That can be quite empowering, as we can be quite undermined in our experiences of transphobia, and racism, and especially the two combined. And knowing that what's happened to you is something a trusted adult says is

not acceptable, that can be quite empowering."

TRANS REPRESENTATION IN HISTORY CULTURE

ACCESS to affirming trans representation, history, and culture came up often in the consultation process as something that could create overall societal benefits for trans people. It was also seen as something that could be offered to trans young people to help them feel connected and supported.

In the media, things are progressing. The most famous shows have trans characters and it puts us in a different light. That's good because it makes people understand we're normal people, and it educates people on how we're treated. People are learning from that. By adding trans people into media, it's kind of subconsciously educating people.

E, 15, TRANS FEMALE

One form of intervention that trans young people found important was seeing themselves reflected in media. Many mentioned excitement at seeing positive trans representation in films, television, and video games. Discussions around media centred on the feelings of affirmation that trans young people gained from this representation, and also their hope that their peers would learn from seeing trans identity normalised in mainstream culture.

Several experts were emphatic about the importance of giving trans young people opportunities to connect to their history and communities, and the variety of trans lives and experiences. This is especially important in a moment of heightened attacks on trans livelihood. "We need greater connection of young trans people to their own history," says Ruth Pearce, researcher at the University of Glasgow. "We need cultural interventions that support young trans people to explore who they are, but also how they connect to other people. The media is disproportionally platforming people who have come out relatively recently and are relatively inexperienced. So young trans people aren't meeting their elders, who hold a lot of wisdom and can give context to what it means to be trans through recent history."

Lis, LGBT+ Specialist Young Person's Advocate at Galop, agrees that having a sense of a broader trans community, including the history of trans people who came before you, can be a positive force in the lives of young people. "The same way that trauma gets carried from the community in yourself, justice also does," says Lis. "You feel responsibility for the justice of the people around you and the people that you love. And that is something that trans and non-binary people are carrying. And every time that we isolate a moment and don't look at the legacy of that moment and the people who have been fighting for justice, we're doing a disservice to everybody involved."

Drew, Independent Trans Hate Crime Victims Advocate at Galop, adds that trans young people also need opportunities to see and form connections with trans adults who have made it through adolescence and established happy lives. "For many trans young people, narratives of good outcomes for trans lives are missing," Drew says. "They see very few options for their chance at having a good life. I've met trans young people that are amazed that I'm a trans adult with a job. They need to know that even if things are bleak or they aren't moving forward right now, it isn't the end of their lives. There are positive outcomes and there are lots of trans adults that have run-of-the-mill lives. Those narratives need to be out there for them."

S Z

CHANGING SYSTEMS

THESE IDEAS FROM YOUNG PEOPLE, PARENTS, AND EXPERTS

are aimed at reimagining how schools could better support trans young people long-term, and how larger interventions may be made in the current state of trans justice in law and policy. They are broader, systemic changes which contributors and experts feel could aid in addressing the substantial barriers that currently exist. These suggestions should be taken as larger goals to work towards, with room for smaller projects and advocacy opportunities along the way.

TEACH ABOUT TRANS EXPERIENCE IN SCHOOLS

feel like people would bully less if they were educated on the effects of it, the seriousness. Most bullies aren't evil people, I've seen huge bullies have a wakeup call and turn around once they learned the consequences of what they'd done.

W, 18, TRANSMASC/TRANS MALE

If you start talking about gender and stuff, by high school kids will get it. One of my friends has younger siblings who are talking about trans and intersex in school, which has started conversations with his mum. The thing with the human race is that if we have knowledge, we want to share it.

L, 17, TRANS MAN

People aren't fully aware of the impacts their words or actions have, and the repercussions of it. Learning about this is the most important thing.

C, 18, TRANS FEMALE

There definitely needs to be more stuff about non-binary people. Whenever we've talked about trans people in school, it's only been about binary trans people.

R, 14, TRANS MALE

SEVERAL of the young people we consulted believe that the most effective action to take to stop harassment in schools is to educate their classmates on trans experience. Many of them advocated for gender identity to be a mandatory topic taught in schools, especially as a part of PSHE curricula. As demonstrated in the quotes above, trans young people are emphatic about the effects that education could have in reducing mistreatment, and are also aware that starting conversations at school can lead to constructive conversations at home.

Including trans experience and gender identity as part of students' education can also help establish precedents for trans young people to speak up if a student or teacher is acting unacceptably. Lilly Allenby, a youth worker with MESMAC, notes that the young people she works with feel more empowered to call out injustice when they know that those around them have been educated on the issues. "I've seen positive impacts through education. When young people know that MESMAC has been in doing a training, if someone gets it wrong, the young person feels empowered to say 'Oh, weren't you in training?' and raise the issue. They've got more confidence and it opens up that conversation." If training were required and offered through schools (rather than optional and offered privately), a greater number of trans young people would have a foundation on which to call out mistreatment and have others around them be equipped to help stop it.



- I tried to do an LGBTQ+ club in school, but the school said we can't, because it was 'too political'. But I need an LGBTQ+ support group at school because it is the only way that I don't have to worry about being found out by my parents.

 N, 15, TRANSGENDER MAN
- Accessing [trans youth spaces] would be a lot easier at school. Being in boarding school [it's] difficult to go outside for support.

 A, 17, TRANS MALE

SOME young people, especially those who do not have support and acceptance at home, are in desperate need of safe LGBTQ+ spaces at school. Many trans young people are not able to safely access youth groups and other supports outside of school hour, or are only able to access them online. Seeking in-person support through school remains their only option. LGBTQ+ clubs can provide supervised peer support and a sense of community that can drastically improve trans young people's quality of life (see more on the benefits of trans-specific spaces on page 104).

Establishing affirming spaces at school – or even signposting to affirming teachers – can make a tremendous difference for trans young people who are lacking other support systems. "For trans young people, even small things like individual teachers going out of their way to make sure that trans people have their pronouns respected can make school feel a lot safer," says Shona Beechey, assistant youth worker at Gendered Intelligence. "It's so much better when you know that somebody is on your side."

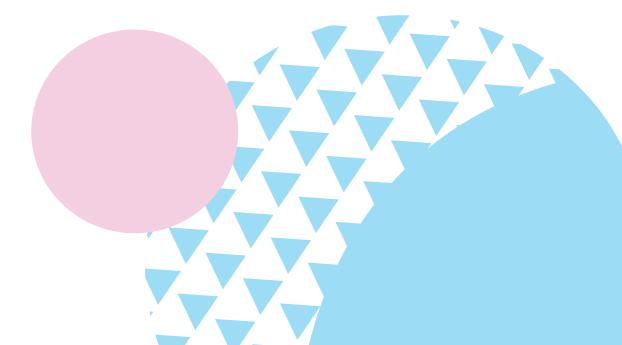


EXPERTS knowledgeable about law and policy advocated for the funding of legal defence and policy teams who can dedicate time to the mounting legal challenges around trans young people. This is especially crucial at a moment when these legal challenges are deeply impacting both access to healthcare and trans young people's entitlement to justice. "We need funding for legal projects," says Ruth Pearce, researcher at the University of Glasgow. "We should take inspiration from similar initiatives in the United States, where well-funded trans legal teams are able to go in and fight the horrible anti-trans legislation happening." Lui Asquith, Director of Legal and Policy at Mermaids, agrees. "There is definitely room for more to be done around ensuring that we have more legally qualified individuals in the LGBT sector, and creating a space for that specific work. The law can be used to advance positive change in this area."

As a general aim, Lui adds, there should be trans people at the centre of policy advancement moving forward. "When the government are creating trans policy, they need to be talking to trans people, and not privileging those who actively work to exclude and question the existence of trans people. Trans-led policy-making around trans issues is crucial."

Specific initiatives that need support from legally qualified individuals and policy teams include:

- Education around the Equality Act (2010) for young people, advocates, and organisations
- Collaborating with trans communities and organisations on a positive, affirmative piece of guidance for schools that can be advanced to Government
- Accessible support for organisations and individuals who face legal challenges from anti-trans groups
- Accessible legal support for parents and caregivers who are being challenged for supporting their children





THE TRANS YOUTH MANIFESTO IS A LIVING DOCUMENT

that was created over the course of the workshops with trans young people from ages 12 to 18. The range of items that trans young people added to this manifesto reflect the stakes of being trans as a young person in England.

At the end of each workshop, the young people present were asked to contribute their wishes, ideals, and demands to the collaborative manifesto, building off what other young people had left there before them. Ranging from urgent to light-hearted, these ideas represent the most pressing things on the minds of trans young people, the interventions they cannot do without, and the changes they want to create in their world.

Reflecting the tones of the workshops, some of the suggestions are silly and came out of the supportive, friendly connections built between workshop contributors. Most of the items are demands that the young people see as crucial to their well-being, and mirror the contributor perspectives included in the report. Several of them focus on increased education for themselves, their peers, their parents, their doctors, and their teachers.

Others are grouped around access to spaces – especially gender-neutral bathrooms, nongender segregated school spaces, and safe places for them to live free of transphobia. Access to blockers and easier GIC processes are mentioned, as is access to transcompetent mental healthcare. Some contributors wanted to emphasise that their identities must be respected – whether or not they choose to pursue medical transition.

Items on the Trans Youth Manifesto (from top left > right)

- Rainbow confetti
- We need trans flag colour confetti too
- A preferred name box on school systems for kids whose names aren't legally changed
- Access to trans support regardless of whether I've had surgery
- Name change should be so much easier and more accessible
- Police training around mental health and lgbt stuff
- The £1 packet of sweets should go back to being £1 instead of £1.50
- Freddos should be 10p

Information about transition MUCH more accessible More info for 16/17/18-year-olds on how to transition to Adult GIC/healthcare services **Queer inclusive sex-ed mandatory Gender-neutral bathroom Educate everyone** Teachers should have more training on how to support trans students My body does not have to be a sacrifice for my identity There should be more support for parents of trans kids to help the kids Trans students involved in decision making around bullying in schools Schools should stop separating things by gender - seating plans, PE, etc. Blockers more accessible to trans youth There should be more accessible therapy without parental involvement **Shorter wait times at GICs Funding for Gender Identity Clinics Education to CAMHS about trans ppl** Increase training about trans people to general practitioners Homes for lgbtq people with unsupportive parents More funding towards mental health/lgbtq charities Safe spaces for lgbtq people in schools More education in schools Make healthcare more accessible and stress free Non-binary should be a legally recognised gender **Gender-neutral toilets mandated (just like accessible toilets)** Students (including cis ones) should get more education about trans and nonbinary people

That we don't get arrested for knocking on Boris Johnson's door [after being asked what they would ask for if they had the chance to speak to the Prime

Gendered school uniforms should be abolished

Minister

MANIFESTO TO

Name change

should be so much

easier and more

accessible

A preference name box on school systems for kids whose names aren't legally changed

Police training around mental health and lgbt stuff

Rainbow confetti

Access to trans support regardless of whether I've had surgery

we need transflag colour

confetti too

Gendered

What are

our demands?

Freddos should be 10p

The £1 packet
of sweets
should go back
to being £1
instead of £1.50

Information about transition MUCH more accessible

school uniforms should be abolished

That we don't get arrested for knocking on Boris Johnson's door

Gender
neutral toilets
mandated (I just
like accessible
toilets)

Students (including cis ones) should get more education about trans and nonbinary people

Nonbinary should be a legally recognised gender

Make health care more accessible and stress free

More funding toward mental health/lgbtq charities

education in schools

safe spaces for lgbtq people in schools **Gender neutral bathroom**

Teachers should have more training on how to support trans students

Queer inclusive sex-ed mandatory

Educate everyone

My body does not have to be a sacrifice for my identity

More info for 16/17/18 years olds on how to transition to Adult GIC/ healthcare services

There should be more support for parents of trans kids to help the

What changes will we make

Trans students involved in decision making around bullying in schools

education to CAHMS about trans

homes for lgbtq

parents increase training about trans people to general practitioners

people with

unsupporting

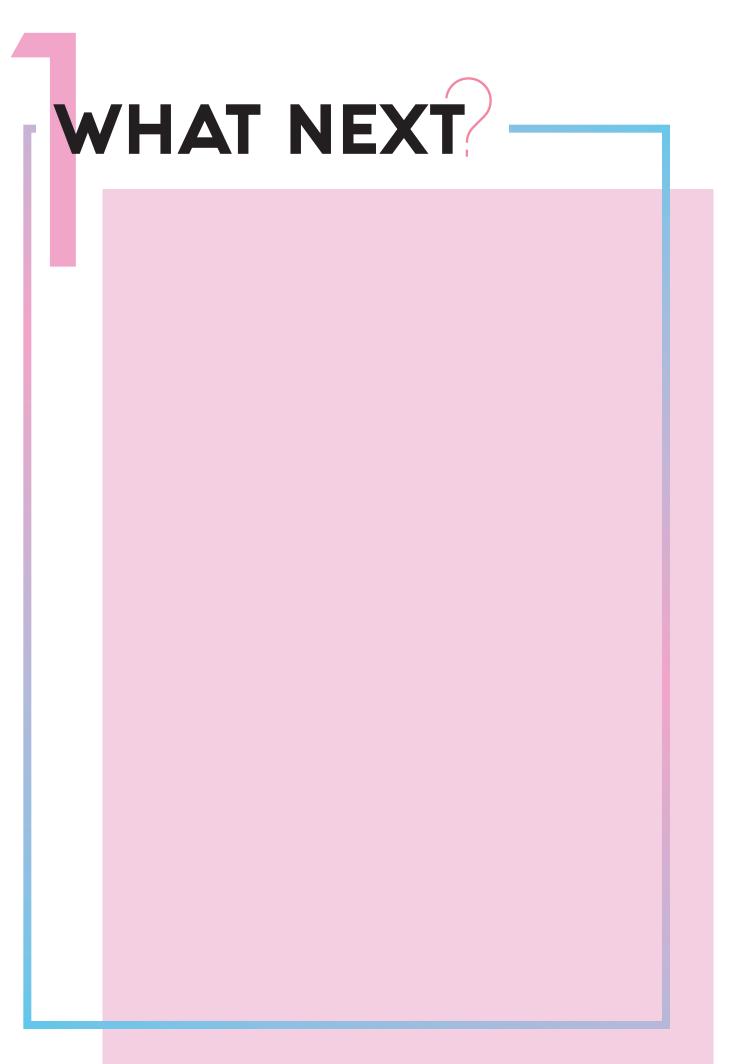
blockers more accesable to trai youth

Funding for Gender Identity Clinics

Schools should stop seperating things by gender seating plans, PE etc

there should be more accessable therapy without parental involvement

Shorter wait times at GICs



THE partnership organisations listed below, with the help of funding from the National Lottery Community Fund, will start working on creating and supporting projects by community organisations based on the ideas and solutions generated by workshop contributors.

In the meantime, we encourage community organisations to use the ideas recorded and shared in this report as a starting point in discussions about forming their own projects that are for trans communities, by trans communities.

PARTNERSHIP ORGANISATIONS

The following organisations comprise the TRANSforming Futures partnership, which commissioned the community consultation workshops detailed in this report.

Be: North **Trans Support and Community**

be-north.org.uk

CliniQ **Inclusive Trans Sexual Health and Wellbeing**

cliniq.org.uk

Galop **LGBT+ Anti-Violence Charity**

galop.org.uk

Gendered Trans Youth and Adult Wellbeing Support, and

Intelligence

Gender Identity Research & Education Society GIRES

LGBT+ **Network and Support for LGBT orgnisations**

consortium.lgbt Consortium

Mermaids Support for Families with Gender Diverse

Children and Young People

mermaidsuk.org.uk

Stonewall LGBTQ+ Rights Charity

stonewall.org.uk

Sparkle **National Transgender Charity**

sparkle.org.uk

UK Black Organisers of Europe's Largest LGBTQI+ Pride

for people of African, Asian, Caribbean, Latin Pride

American, and Middle Eastern descent

https://www.ukblackpride.org.uk/

cliniO

Professional Services genderedintelligence.co.uk

gires.org.uk

CONSORTIUM

UK BLACK PRIDE



WHO WE SPOKE TO

COMMUNITY CONSULTATION WORKSHOPS

GENERAL

This report is built on structured engagement with 10 trans young people aged 12-18, and with parents of seven trans young people aged under 12. These consultations aimed to learn more about trans and non-binary young people's personal experiences with healthcare, school, state agencies, and violence, and to solicit young people's opinions on the best solutions to the issues they are currently facing. Holding community consultations allowed us to create a space specifically for trans communities' ideas, experiences, and voices. These workshops gave space to trans young people to decide together what they think are the biggest issues facing trans young people, and then come up with their own solutions to these issues. These are the ideas reflected in the reports, and will become the basis for practical projects funded by the partnership.

RECRUITMENT

Stonewall partnered with Gendered Intelligence and Mermaids in order to find contributors for community consultation workshops. All calls for participation were put out through existing trans youth and parent support networks. Recruitment was limited to word-of-mouth and closed groups in order to ensure the safety and privacy of all contributors, and the security of the digital workshop spaces.

AGE 12-18 CONSULTATIONS

We spoke directly to 10 trans young people between the ages of 12-18 during our consultations. We ran five consultation workshops for young people, with the support of Gendered Intelligence. These workshops took place over Zoom, ran for three hours each (with breaks), and were facilitated by a youth work team and a TRANSforming Futures project community consultant. Workshops were offered based on age and identity in order to promote participate comfort and safety, and included spaces established specifically for trans young people of colour, and transfeminine people. This consultation was specifically contributor-led. Each workshop began by allowing trans young people to define the areas of "healthcare" and "justice" for themselves, before being prompted to speak about their personal thoughts and experiences on the biggest issues in each of these areas. Afterwards, the youth work and TRANSforming Futures team led them through exercises for collaboratively brainstorming solutions to the problems they brought up. Follow-up support was offered to contributors through Gendered Intelligence youth workers if needed. Contributors were compensated for their time with £25 gift vouchers.



WHO WE SPOKE TO

PARENT CONSULTATIONS

We spoke directly to eight parents of seven trans young people between the ages of 6-12 during our consultations. We ran two consultation workshops for the parents of trans young people under the age of 12, with the support of Mermaids. These workshops took place over Zoom, ran for 2 hours each (with breaks), and were facilitated by two Mermaids team members and a TRANSforming Futures project community consultant. Parents and caregivers were asked to speak about their child's experiences in the areas of healthcare and justice, highlighting the issues they faced and priorities for solutions. Follow-up support was offered to contributors through Mermaids if needed. Contributors were compensated for their time with £25 gift vouchers.

PRIVACY & ANONYMISATION

Privacy, safety, anonymity, and specifics of their inclusion in the report were discussed with contributors at the beginning of each session. Each session was transcribed by a notetaker in real time, and all contributor quotes were anonymised at the source. Contributors were given the option to withdraw any aspect of their participation at any time. Information collected was stored and handled in accordance with data protection legislation. Gender identity labels included in quote attributions were determined by contributors and included as given. Each contributor was assigned a random initial for quote attribution. Specific demographic information is not included in this report to protect the privacy of contributors.

WELL-BEING & SAFETY

During the community consultations with trans young people, there were two youth workers present to support the young people during and after the session. Long-term support was available from youth workers, and was not limited to the consultations. The trans young people spaces were trans only, meaning the youth workers, researcher, and scribe had to identify as trans themselves; this was so that young trans people felt more able to share their thoughts, feelings and experiences. As already mentioned, none of the consultations were advertised online as to ensure the spaces were only accessed by young trans people or parents of young trans people. Young trans people and their parents were found through contacting trusted youth groups and organisation

INCLUSION

We did not achieve target participation rates from trans young people of colour, particularly Black trans people. None of the trans young people who were able to access our consultations were currently in the care system or experiencing homelessness. We attempted additional recruitment within secure networks, but were not able to find additional contributors from these communities. In order to ensure that aspects of these experiences were included, we spoke to experts who work directly with these communities of trans young people (see "Experts" below).

WHO WE SPOKE TO

EXPERT INTERVIEWS

14 experts – who either work with trans young people, or work on issues directly affecting trans young people – were interviewed for this report. These in-depth interviews took place during July and August 2021. These experts were either topic experts (who have specific experience in healthcare or justice relating to trans young people), or community experts (who are trans community group leaders and service providers working with young people).

EXPERTS

DR ZOWIE DAVY (she/her)

Associate Professor in LGBTQ Research, De Montfort University`

JACOB SIBLEY (he/him)

Director of LGBT Youth in Care, Three Circles Fostering

CHARLOTTE ANDREW (she/her)

Director of LGBT Youth in Care, Three Circles Fostering

SHONA (they/them)

Assistant Youth Worker, Gendered Intelligence

ISA SALLINEN (she/they)

Deputy Head of Youth Service, Gendered Intelligence

JORIK MOL (he/him)

Autistic Teacher and Neurodiversity Professional

LILLY ALLENBY (she/her)

MESMAC Youth Worker

LUCIE BROOKE (she/her)

Free2B Alliance Cofounder and Support Worker

RUTH PEARCE (she/her)

Lecturer, University of Glasgow

DREW (they/them)

Independent Trans Hate Crime Victims Advocate, Galop

LIS (she/her)

LGBT+ Specialist Young Person's Advocate, Galop

HASAN (they/them)

Youth Engagement Coordinator, akt (Albert Kennedy Trust)

LUI ASQUITH (they/them)

Director of Legal and Policy at Mermaids

AZEKEL (they/them)

Founding Director of Black Trans Foundation

GLOSSARY

CAMHS / Child and Adolescent Mental Health Service

The Child and Adolescent Mental Health Services (CAMHS) delivered by East London NHS Foundation Trust is part of a wider network of services that offer help and support to children and young people who have mental health difficulties and their families/carers. CAMHS provides a service for children and young people up to 18 years old.

CCC

Clinical commissioning group. They were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of healthcare services for their local area.

CISGENDER or CIS

Someone whose gender identity is the same as the sex they were assigned at birth. Non-trans is also used by some people.

CISNORMATIVE

The assumption that all individuals are cisgender, and assumptions that prioritises cisgender understandings and experiences as universal truths.

DEADNAME

Also called 'birthname'. This term is how some trans person refer to the name they were raised with but have since stopped using, due to it not reflecting their gender identity

GENDER CLINICS/ GENDER IDENTITY CLINICS

Gender clinics are the specialist clinics, both NHS and private, from which trans people who wish to medically transition have to get a diagnosis of gender dysphoria. They were previously called Gender Identity Clinics (GICs) but were renamed to Gender Dysphoria Clinics (GDCs). Trans communities still refer to them as Gender Identity Clinics, which you will see in several of the direct quotes. To reduce confusion, we have referred to them as Gender Clinics within the written summaries.

GENDER DYSPHORIA

Used to describe when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity. This is also the clinical diagnosis for someone who doesn't feel comfortable with the sex they were assigned at birth.

GPs

General practitioners who treat all common medical conditions and refer patients to hospitals and other medical services for urgent and specialist treatment.

GRA/GENDER RECOGNITION ACT

The 2004 legislation in the UK that allows trans people to change the gender on their birth certificate.

GUM CLINIC

Genitourinary medicine clinics, also called sexual health clinics, family planning, or sexual and reproductive health clinics.

HRT

Hormone Replacement Therapy, referring to the hormones a person may choose to take to help their secondary sex characteristics match their gender identity.

LGBT+

An umbrella term to refer to Lesbian, Gay, Bi and Trans people. The '+' communicates that this is intended as an umbrella term that includes all minority sexual and romantic orientations and gender identities. Some people and organisations explicitly include Queer, Intersex and Asexual in the terminology they use.

NEURODIVERSE

Neurological differences such as autism and ADHD.

GLOSSARY

NON-BINARY

An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify as: a gender other than man or woman, no gender, or multiple genders.

PATHOLOGISING

Pathologising is the practice of seeing and labelling a perfectly normal experience as a problem, as psychologically abnormal or as unhealthy, because it deviates from social norms.

PRONOUNS

Words we use to refer to people's gender in conversation - for example, 'he' or 'she'. Some people may prefer others to refer to them in gender neutral language and use pronouns such as they/them and ze/zir.

RACISM

A system of power, oppression, prejudice, stereotypes and/or discrimination based on the belief in a hierarchy of races, including for social, economic, and political advantage.

TRANS

An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, gender-variant, crossdresser, genderless, agender, nongender, third gender, bi-gender, trans man, trans woman, transmasculine, transfeminine and neutrois.

TRANSFEMININE

A term used to describe a trans person who has a female, woman aligned, femme identity and is impacted by transmisogyny.

TRANS MAN

A term used to describe someone who is a man, and was assigned female at birth. This is a shortened version of transgender man.

TRANSMASCULINE

A term used to describe a trans person who has a male, male aligned, or masculine identity and is exempt from transmisogyny.

TPOC

An acronym used to denote trans people, or a person, of colour.

TRANS WOMAN

A term used to describe someone who is a woman, and was assigned male at birth. This is a shortened version of transgender woman.

TRANSITION

The steps a trans person may take to live in the gender with which they identify. Each person's transition will be different. For some it involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this. Transitioning also might involve things such as changing names and/or pronouns, telling friends and family, dressing differently, and changing official documents.

TRANSPHOBIA

Prejudice, fear, or dislike of someone based on the fact they are trans. Transphobia may be expressed indirectly and unconsciously, as physical, emotional, psychological, and sexual abuse, or through denial of access to needed services and right.

