

Inclusive Care:

A starting guide for supporting LGBTQ+ young people in care.



CONTENTS

- **01** Training, names and pronouns
- O2 Support services, legislation and policy and consent
- O3 Gender affirming treatment- puberty blockers and cross-sex hormones
- O4 Tavistock and Portman's Gender Identity Development Service (GIDS) information
- **05** How to be a good ally
- **06** Glossary

ACKNOWLEDGEMENTS

With thanks to LGBTQ+ network members Bianca Jackson from Coram Chambers and Rachael Stemp for their help and guidance putting this resource together.

Training

• Where can I go for training?

- There are organisations who offer one-off online courses, including Stonewall.
- LGBT Youth in Care are happy to provide training and/or consultancy. To discuss your requirements please <u>contact us</u>.

Don't assume that someone in your team who is LGBTQ+ will be able/willing to deliver training.

Names and Pronouns

• Can a child change their name?

- Simply, yes. Anyone can choose to be called by any name they choose. Young people might like to try out a few names, and that is fine too.
- Use the name a young person asks you to use, even if it isn't their registered or official name, when they are around or when they are not.

How can I support a child to change their name via <u>deed poll</u>?

- A child's name can be legally changed by deed poll.
- Deed polls can either be "enrolled" or "unenrolled".
- "Enrolled" deed polls are kept on record and the child's change of name is published online in the Gazette. "unenrolled" deed polls are not. Both are legally-binding and there is no legal difference between them.
- The courts have raised concerns about enrolled deed polls in respect of children, particularly transgender child who may not want to be "outed".
- Unlike other children who've reached the age of 16 or 17, children in care under 18 cannot apply themselves for a deed poll to change their names; an application must be brought on their behalf.
- If a child is in care and wants to change their first name, the local authority can make an application to change the child's first name by deed poll without the consent of the child's parents/other persons with parental responsibility so long as the local authority is satisfied that it's necessary to do so in order to safeguard or promote the child's welfare.
- If a child is in care and wants to change their first name but the local authority refuses to do so, a parent/a person with parental responsibility for the child will need to make an application to the court. If public law proceedings are on-going and the child is represented through a Guardian, the Guardian could also make an application on the child's behalf.
- If the child's wishes and feeling are not being listened to, they can <u>request an</u> <u>advocate</u>.

- What pronouns should I use with a young person?
 - Whatever pronouns they prefer. It's always best to ask.
 - o If you make a mistake, just correct yourself and move on.
 - You can learn more about pronouns here.

Support services

- Where can I go to find support for a young person?
 - There are lots of charities and services to support LGBTQ+ young people, <u>listed</u>
 <u>here</u>. The <u>Proud Trust</u> has a great tool for finding local services. Remember,
 not all young people will want or need support from additional services it's
 up to them!
- Are there LGBTQ+ specific mental-health support services?
 - Mind have a large list of LGBTQ+ support services on their website.
- How do I support a young person with their sexual health?
 - There are lots of services that provide support and awareness around LGBTQ+ sexual health, including some by the LGBT Foundation <u>here</u>.

Legislation and Policy

- Is there legislation or policy which especially protects LGBTQ+ young people?
 - Yes! The NSPCC provide a good summary of relevant legislation and policy here.
 - LGBTQ+ young people should not be discriminated against in any way because of their sexual or gender identity (e.g. Equality Act, 2010).
 - The United Nations Convention on the Rights of the Child (UNCRC) is an international human rights treaty that grants all children and young people (aged 17 and under) a comprehensive set of rights.

Consent

- A young person has told me about their sexual orientation or gender identity, but doesn't want anyone else to know. What should I do?
 - If you don't have to tell anyone, don't! Disclosing a young person's identity could put them at risk, and break trust.
 - If there is a child protection concern which is directly related to a young person's sexual orientation/gender identity, make sure that people know their identity is not common knowledge, so this information can be kept on a needto-know basis.
 - Young people have a right to a private life under the United Nations Convention on the Rights of the Child.

Gender Affirming Treatment- Puberty Blockers and Cross-Sex Hormones

What are puberty blockers and cross-sex hormones?

- Puberty blockers and cross-sex hormones are legal in the UK and are by prescription only.
- There is no statutory minimum age for when a child can be prescribed puberty blockers.
- Cross-sex hormones are only available on the NHS for children aged 16 and over who have been on puberty blockers for at least 12 months.
- Seeking gender affirming treatment for a child is not of itself a safeguarding issue unless there is evidence that the child is suffering or at risk of suffering significant harm, for example, if the child is being pressured into identifying as transgender by a parent or carer.

When can a child consent to puberty blockers and cross-sex hormones?

- A child of any age who is deemed to be "Gillick competent" by their treating clinician can consent on their own behalf to the administration of puberty blockers and cross-sex hormones (if child is 16 and over).
- A child who is "Gillick competent" does not need parental consent or the consent of the local authority.
- "Gillick competent" means that the child has the maturity to make their own decisions and to understand the implications of those decisions.
- "Gillick competence" is determined by the child's treating clinician(s), not by the local authority (though if the local authority does not accept that the child is Gillick competent, it can make an application to the court).
- Parents and local authorities cannot use their parental rights to "override"; the decision of a Gillick competent child.
- The above applies regardless of whether the child is placed in the care of the local authority under a s.20 agreement, an interim care order, or a final care order.

• What about parental consent (for children not in care)?

- Where a child is not Gillick competent or there is some other reason why the child cannot consent on their own behalf, a parent/person with parental responsibility can consent to puberty blockers or cross-sex hormones on the child's behalf.
- If the parents do not agree about whether the child should access puberty blockers or cross-sex hormones, one or both must make an application to the court to ask the court to decide what is in the child's best interests.

• What about parental consent (for children in care)?

- If the child is subject to an interim or final care order, the local authority shares parental responsibility with the parents.
- If the local authority and the parents/persons with parental responsibility agree, the parents can consent on the child's behalf for the child to access puberty blockers or cross-sex hormones.
- There have been no reported cases on what should happen if the parents/persons with parental responsibility and the local authority do not agree on whether the child should access puberty blockers or cross-sex hormones.
- For many types of medical treatment, the local authority is able to consent on behalf of a child in its care even where the parents disagree if it is in the child's best interests (for example, for childhood vaccinations).
- However, the local authority cannot do so where the medical treatment is "serious" or "grave."
- The question of whether puberty blockers or cross-sex hormone treatment is considered "serious" or "grave" has not been determined by the court.
- At the time of writing, this means that if the parents and local authority disagree about the gender affirming treatment, an application will need to be made to the court for a best interests decision under the Hight Court's inherent jurisdiction.
- This application could be brought by the local authority, the parents, the relevant NHS trust (if the client is being treated) or the child's Guardian (if the child is still in proceedings).

Tavistock and Portman's Gender Identity Development Service (GIDS) for children and young people

Can young people access NHS GIDS services?

- NHS Tavistock and Portman's Gender Identity Development Service (GIDS), England's sole provider of gender identity health services for children and young people, is closing its doors in Spring 2023. What does it mean for those currently accessing treatment, or on the waiting list to do so?
- Find out more on the Mermaids website here.

How can I be a good ally?



PRONOUNS

Add your pronouns to your email signature. Share your pronouns with others if you feel comfortable doing so.



VISIBLE SIGNS

Purchase LGBTQ+ lanyards, badges and have signs and symbols in spaces.



INFORMATION

Add resources, youth groups etc. to welcome guides/ websites that young people access in your service.



INCLUSIVE CARE REPORT

Share the inclusive care report with your networks.



JOIN THE NETWORK

Join the LGBTQ+ Youth in Care Network.



CELEBRATE DIFFERENCE

Not just in pride month, look out for other awareness days such as trans day of visibility etc.





Audit policies, do they go far enough in the support they provide to LGBTQ+ people?



WORK WITH US

Connect with us at LGBTQ+ Youth in Care to continue your journey to inclusive care.

GLOSSARY

Stonewall's definitions are outlined below.

Biphobia: The fear or dislike of someone who identifies as bisexual (bi) based on prejudice or negative attitudes, beliefs or views about bi people. Biphobic bullying may be targeted at people who are, or who are perceived to be, bi.

Coming out: When a person first tells someone/others about their orientation and/or gender identity.

CYP: Children and young people.

CEP: Care experienced people.

Deadnaming: Calling someone by their birth name after they have changed their name. This term is often associated with trans people who have changed their name as part of their transition.

Family and chosen family: Those who a young person identifies as their family. This may include any or a combination of a group of one or more parents and their children living together as a unit, biological or legal family that do not live together, or a group of people that have an emotional closeness even if they are not legally or biologically related.

Gender identity: A person's innate sense of their own gender, whether male, female or something else (see non-binary below), which may or may not correspond to the sex assigned at birth.

Homophobia: The fear or dislike of someone, based on prejudice or negative attitudes, beliefs or views about lesbian, gay or bi people. Homophobic bullying may be targeted at people who are, or who are perceived to be, lesbian, gay or bi.

LGBTQ+: The acronym for lesbian, gay, bi, trans, queer, questioning, asexual and other non-cisgendered or non-heterosexual identities.

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 with some aspects of binary identities, and those who sit outside them entirely.

PAs: Personal Advisors in work in Leaving Care Teams with care experienced people aged 16-25 to help them to navigate their education, employment, finance, housing and anything else they are dealing with as they move into adult life.

Sexual Orientation: A person's sexual attraction to other people, or lack thereof. Along with romantic orientation, this forms a person's orientation identity.

Staying Put: Arrangements that allow children in care to stay living with their former foster carers after they turn 18.

Staying Close: A government pilot a scheme to enable young people leaving residential care to live near to, and retain links with, their former homes.

Transphobia: The fear or dislike of someone based on the fact they are trans, including denying their gender identity or refusing to accept it. Transphobia may be targeted at people who are, or who are perceived to be, trans.

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, trans masculine, trans feminine and neutrois.



LGBTQ+ Youth in Care is an organisation dedicated to the inclusion of LGBTQ+ young people with care experience. It was founded in 2013 by individuals who work in children's social care to raise awareness, create resources and share best practice.



Disclaimer and Terms of Use

This report is provided solely for information purposes. Neither LGBTQ+ youth in Care nor any of their respective affiliates, directors or agents accepts any responsibility or liability as to its accuracy or completeness. We encourage everyone to find out more by researching various sources, beyond the initial links provided, which cannot be endorsed by LGBT Youth in Care. The text in this Document may be reproduced free of charge providing that it is reproduced accurately and not used in a misleading context. The material must be acknowledged as LGBTQ+ youth in Care copyright and the title of the document be specified.

LGBTQ+ Youth in Care Dean Row Road Wilmslow Cheshire

Igbtyouthincare@gmail.com www.lgbtyouthincare.com