



The School and Public Health Nurses Association (SAPHNA) have responded to the Department for Education's consultation on the non-statutory guidance for schools and colleges on gender questioning children. We consulted with members and concerned colleagues who approached us looking for support and guidance.

SAPHNA believe that all children and young people have the right to education and to feel safe, in an environment that promotes and protects their emotional health and wellbeing. SAPHNA do not feel that the proposed guidance would make all schools and colleges a safe place for LGBT+ pupils, the proposed guidance promotes an alarmist approach with a negative bias and does not appear to encourage educational staff to offer the support young people deserve.

School Nurses work with a range of delivery partners to provide services to enable school aged children and young people to achieve their optimum health and wellbeing and so are well placed to support trans and gender diverse young people if needed.

SAPHNA has submitted a robust response to the proposed guidance but have summarised the main concerns here.

1. Safeguarding

SAPHNA felt that the guidance offers little practical advice to support school and colleges to support children and young people whilst not acknowledging that children and young people may be on a journey, and that journey will be individual so requiring individual and sensitive responses. Children and young people may choose individuals who they feel comfortable with, but the guidance has an emphasis on safeguarding as the response to a young person questioning their gender. It is difficult to understand why this emphasis is the basis of the guidance when Keeping Children Safe in Education (2023) clearly states that `children who are LGBT are not an inherent risk factor for harm`. SAPHNA are concerned that encouraging schools and colleges to consider safeguarding as the first response to a young person questioning their gender may discourage young people from actively seeking the support they need, increasing anxiety

for the children and young people leading to an increase in demand for CAMHS services. The guidance does not reflect the existing safeguarding policies about confidentiality, which must be considered before telling a parent that a young person wants to socially transition and appears to contradict the legal guidance from the Equality Act 2010 which protects trans people from discrimination under the protected characteristic of gender reassignment. SAPHNA are concerned for example that the section about changing rooms and PE provision needs rewriting completely as this section does not offer support or guidance in the correct way. The guidance says what not to do but offers no suggestions about how to support the individual child. The guidance seems to imply that a child who is questioning their gender is a risk to others, asking schools to consider if an alternative changing room is available. There is no consideration of the privacy and dignity of the individual child and is no consideration of the impact on the individual's emotional health being made to feel so `different`.

The guidance seems to have removed the devolved decision-making process for schools. SAPHNA feel strongly that all requests should be considered on an individual basis. SAPHNA believe that the guidance should clarify that if there are safeguarding concerns then local policy should be followed, otherwise the impact and support for the individual should be the priority.

2. Role of the Partner Agencies

The guidance does not promote an early intervention model of support or acknowledge the multidisciplinary support communities that many schools rely on. School Nurses are often the trusted adult that a young person will first speak to about any concerns, the guidance does not acknowledge the importance of that initial response and the potential detrimental impact on a young person`s mental health if the response is deemed to be negative.

SAPHNA believe the guidance may lead to education and multidisciplinary colleagues working in different ways. School Nurses involved in the response conversations expressed concerns that their role may be compromised by the guidance. There is no recognition in the guidance about professional codes of conduct or standards and how these may be compromised by following the guidance. School Nurses for example would always work in a way that does not discriminate but treats all young people as equals whose voice and opinions should be clearly visible in any process that concerns them. The guidance could compromise this approach. If following the guidance education staff will take a safeguarding approach whilst the multidisciplinary teams will remain child centred. School Nurses are often the advocate for children and young people, liaising if needed with educational professionals, partner agencies and families. The guidance does not offer any advice to schools about balancing potential conflicting views of

parents and child. The guidance suggests an adult focused response with no reference to the voice of the child, no consideration is made of protected characteristics. The views of the parents are given more importance than the view of the child. SAPHNA believe this contradicts all the evidence of good practice and practitioner intelligence where school nurses are the trusted adult, their response is child centred, and they consistently ensure that the voice of the child is heard at the table.

3. Impact on the individual child

SAPHNA are concerned that the proposed guidance has a focus on the school community and the wider community with little acknowledgement about the individual child. There is no consideration within the guidance of the potential vulnerability of a young person who may be questioning their gender. The guidance offers no advice as to how to respond to staff who may not wish to positively engage in the change process that a young person has initiated. The guidance goes against the established practice of education and health who recognise the needs of children and young people to feel heard and to have a safe place to explore thoughts and feelings as a normal part of development.

SAPHNA were concerned with the suggested responses for education when a young person requests a pronoun change. The guidance offers no explanation about the importance of pronouns or the potential impact on a young person if schools refuse to acknowledge the change. This also shows a lack of respect for the individual. The guidance does not consider the potential situation where a young person has changed pronouns with parental support before starting at the school. Again, the impact on the school community is given more importance than the individual child's needs. There is no explanation in the guidance as to why no primary age young person should be allowed to use a different pronoun and yet practitioner intelligence from School Nurses strongly evidences that primary age young people are accessing information and support about gender.

Conclusion

SAPHNA welcome the proposal for guidance as it is one that is much needed by schools and can be used to support children and young people in schools who are beginning to explore their gender or sexuality or who have made decisions on their journey and are looking to the professional surrounding them to offer support. Unfortunately, the language in the draft is often negative, presenting trans young people as a risk to others. The voice of the child is not represented at all, the views of the school and community taking priority. There is no evidence of co-production or of good practice. Professionals such as school nurses are key in this area of work, supporting and representing the child

at all levels. School nurses embrace and valuing diverse perspectives and backgrounds in all that we do and challenging inequalities. Integrity: As nurses, we will be open, transparent, trustworthy and do what is right to improve outcomes for school aged children, young people. The guidance could be instrumental in ensuring children and young people are supported and safe in schools with the amendments that SAPHNA and other organizations suggest.

