WESTBOURNE SCHOOL

Gender Identity Policy

VERSION CONTROL	
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WESTBOURNE SCHOOL

Gender Identity Policy

The guidelines are to be used as an internal reference to assist the Principal and other staff at Westbourne School in supporting pupils' gender identity in line with the School's ethos and values; and UK law, specifically recognising the Equalities Act 2010.

The School recognises that some pupils may question their gender and is keen to support pupils in better understanding themselves in these situations. The School supports pupils facing issues of their gender identity through offering a variety of support options. This is also covered in the PSHE Curriculum and intolerance of any kind is not accepted (see Anti-Bullying Policy).

The safety and welfare of all our pupils at the School is our highest priority. Our objective is to know everyone as an individual and to provide a secure and caring environment so that every pupil can learn in safety. Safeguarding all pupils in the School is a primary duty, both in terms of protecting pupils experiencing issues of gender identity alongside protecting all pupils. Parents will be involved in discussions, unless there is a significant safeguarding reason to prevent that.

Regarding issues of gender identity, the School currently follows guidance from the NHS which states:

Children may show an interest in clothes or toys that society tells us are more often associated with the opposite gender. They may be unhappy with their physical sex characteristics.

However, this type of behaviour is reasonably common in childhood and is part of growing up. It does not mean that all children behaving this way have gender dysphoria or other gender identity issues.

A small number of children may feel lasting and severe distress, which gets worse as they get older. This often happens around puberty, when young people might feel that their physical appearance does not match their gender identity.

This feeling can continue into adulthood with some people having a strong desire to change parts of their physical appearance, such as facial hair or breasts.[1]

Further in line with NHS guidance, which states that 'Most treatments offered at this stage are psychological rather than medical. This is because in many cases gender variant behaviour or feelings disappear as children reach puberty',[2] the School recognises that many children experience some symptoms of gender dysphoria, especially during teenage years, and grow out of them. Transitioning is a process which takes considerable time and needs to be carefully phased to allow the child to understand the consequences of each decision. The School takes the point of disclosure as the starting point of a process which takes several months plus during which time the pupils will need significant support and evaluation before any lasting changes are able to be made, and will require assessment and support from medical experts.

This will include assessment of the distress level resulting in the above features focussing on each individual case and how best to support the child through a process of watchful waiting. Following medical advice and diagnosis from a GP or GIC, the School recognises transgender pupils as having a protected characteristic and undertakes to make all possible efforts over time and with the support of

[1] Gender dysphoria - NHS (www.nhs.uk)
[2] Gender dysphoria - Treatment - NHS (www.nhs.uk)

the care group to accommodate that pupil's needs, assisting in changes which the GP or GIC consider appropriate.

If a pupil discloses experience of gender dysphoria[3] they will be assigned a care group to support them which contains, but may not be limited to, some or all of the following:

- Houseparent
- Tutor
- Coordinator
- Designated Safeguarding Person(DSP)
- Vice Principal(s)

Parents will be involved in the discussion insofar as is possible, unless there is a safeguarding concern and depending on the views of the pupil and the School's assessment of their ability to operate as a mature minor, in line with safeguarding practice. The School recognises the pupil's right to confidentiality insofar as it does not contradict the School's obligations in the parent contract or safeguarding practices and procedures.

The care group will create a Pupil Support Plan (PSP) (see Appendix 1) once the process of watchful waiting has finished to help the pupil work through their questions, support them in their exploration of the challenges of living as either gender. Where possible, parents will be invited to participate in the PSP's creation.

The School will always seek to accommodate the needs of any pupil with a protected characteristic, alongside meeting the needs of all pupils within the School community, protecting the right to single-sex spaces[4].

It should be noted that a child should be registered at the School in their legal name rather than their preferred name, although it is standard practice for the child to be known throughout the School by their preferred name. For exams and exam certificates, pupils must use their legal name rather than their preferred name i.e. the name referred to on a pupil's birth certificate or passport.

Any pupil experiencing questions relating to their gender identity may be influenced by a number of sources. The School will only be guided by qualified professionals when managing the needs of pupils questioning their gender identity. We also have a duty to safeguard pupils from influences which cannot be referenced or checked, such as chat rooms or other internet forums.

There may arise circumstances in which pupils wish to change their gender identity without the consent of their parents, and without consulting medical practitioners. **In the best interests of the pupil, the School does not support making adjustments in these circumstances.**

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[3] The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) uses the term gender dysphoria, which is defined as: a difference between one's experienced/expressed gender and assigned gender, and significant distress or problems functioning. It lasts at least six months and is shown by at least two of the following:

1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics 2. A strong desire to be rid of one's primary and/or secondary sex characteristics
3. A strong desire for the primary and/or secondary sex characteristics of the other gender
4. A strong desire to be of the other gender
5. A strong desire to be treated as the other gender
6. A strong conviction that one has the typical feelings and reactions of the other gender

[4] Separate and single-sex service providers: a guide on the Equality Act sex and gender reassignment provisions | EHRC (equalityhumanrights.com)

If a child receiving care from an NHS Children and Young People's Gender Service wishes to change their preferred name or pronouns, they will be encouraged to involve their parents with support from their care group. A change of pronoun or preferred name on the School database should only be made following consent of the parents.

If parents support their child's gender identity and clinical care via the NHS Children and Young People's Gender Service, staff should respect this and use the chosen name and pronoun as per the PSP timeline.

If no agreement can be reached between the pupil and the parent regarding the pupil's gender identity, or if the parent will not consent to the contents of a PSP, it will be necessary for the School to consider whether the pupil is a mature minor enabling the pupil to permissibly make decisions for themselves without parental consent, assuming a clinical care pathway has been followed and advice given from a medical professional.

The Principal, taking into account professional advice and consulting with the DSP and local authority safeguarding team as necessary, will need to be satisfied that a pupil has sufficient maturity and understanding of the nature and consequences of their actions to make up their own mind about a particular issue (such as decision making around name change). This is a decision for the Principal and a written record should be kept regarding the decision, including consideration of whether the pupil understands the consequences that might flow from the relevant decision. Consulting a medical practitioner is an important part of taking responsible decisions and so it is unlikely a decision taken without this can be considered the choice of a mature minor.

Should the School consider that the pupil is a mature minor, in these circumstances it may not be appropriate for the pupil's family representative/carer to be invited to participate in formulating the PSP and in such circumstances the Principal would be considered to be in loco parentis.

Each case is considered and reviewed individually in order to evaluate how best to meet any individual's needs and make what adjustments are reasonably possible.

Further reading:
https://www.nhs.uk/conditions/gender-dysphoria/
Equality Act 2010

https://www.gov.uk/guidance/equality-act-2010-guidance

Gender Recognition Act 2004

http://www.legislation.gov.uk/ukpga/2004/7/contents

Final Report – Cass Review

NHS initial response to Cass Review

- England
- Wales

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Appendix 1

Pupil Support Plan – Gender Identity

Use of name:	
Use of gender pronoun:	
Appropriate uniform:	
Use of toilets:	
Use of changing facilities:	
Choice of sports programme:	
Accommodation in boarding provision:	
Communication strategy:	
Actions agreed:	
Signed (Pupil):	
Signed (Parent):	
Signed (Principal):	
Date Agreed:	
Date of next meeting, if needed:	