

In Absentia Parentis



How the care system has become captured
by Gender Ideology

Lara Brown and Zachary Marsh

Foreword by Nimco Ali OBE

Preface by Baroness Spielman



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Endorsements

‘As this Policy Exchange report reveals, the inconsistent and often misguided approach taken by some local authorities toward gender-distressed children in care, is fundamentally at odds with society’s core duty to safeguard its most vulnerable people. It is vital that everyone with responsibility for the well-being of young people are guided by the strong evidence about how young people can be protected, which is why the report’s recommendations demand urgent implementation. The wellbeing and safety of children in care must never be compromised in deference to contested beliefs about gender identity.’

Rt Hon Baroness Morris of Yardley, Chair of the Public Services Committee and former Secretary of State for Education and Skills.

‘As this excellent Policy Exchange report lays bare, the care system is currently failing some of its most vulnerable children. Children in care are alarmingly overrepresented in referrals to specialist gender identity services, yet too many local authorities have failed to implement safeguarding policies that reflect their duties. Policy Exchange’s Freedom of Information requests reveal a fragmented and inconsistent care system, with the vast majority of councils lacking clear policies.

I urge policymakers and care professionals alike to take these findings seriously, and to act swiftly on the report’s recommendations. We owe it to these vulnerable children to ensure that safeguarding practices are consistent, evidence-based, not activist-led, and fully aligned with the child’s best interests. Immediate reform is essential to provide the protection and guidance that gender questioning children in care so urgently need.’

Rebecca Paul MP, member of the Women and Equalities Select Committee and Surrey County Councillor.

‘Too often, vulnerable children in our care system are being failed by those meant to protect them. Policy Exchange’s latest report shows how many local authorities rely on activist groups to guide policies or allow children to transition without proper consultation. This approach has led to inconsistent policies that ignore the unique challenges these children face and fail to uphold essential safeguarding principles. The report calls for an urgent, thorough review and reform of current policies to ensure these young people get the protection and

support they need.'

Baroness Maclean of Redditch, former Government Minister at the Department for Levelling Up, Housing and Communities; the Department of Justice; and the Home Office.

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Foreword

Nimco Ali OBE, CEO of the Five Foundation and former Independent Government Advisor for Tackling Violence Against Women and Girls

I have spent my career fighting for the rights of women and girls within systems that have far too often failed them. I have seen first-hand how state services, through a combination of naivety, ignorance, and misplaced priorities, have denied people the support, protection, and dignity they deserve.

This report from Policy Exchange is both timely and deeply concerning. It reveals that the state is once again failing, this time some of the most vulnerable children in its care: gender questioning children. These young people have no parents or family members to act as their advocates. Their legal guardian is the state itself, and that comes with an extraordinary responsibility to protect them from harm. Yet in too many cases, the systems meant to safeguard them have been infiltrated by individuals and organisations projecting their own ideological views about gender and identity onto children, without adequate checks, evidence-based guidance, or the presence of strong and independent safeguarding voices.

Many of these children have experienced severe trauma, abuse, and neglect before entering care. They deserve not only our compassion but also our unwavering commitment to provide them with safety, stability, and the chance to thrive. This must include rigorous safeguarding, professional objectivity, and an honest assessment of the risks and implications of social or medical transition. There is nothing progressive about allowing vulnerable children to embark on life-altering changes without robust safeguards and without ensuring they truly understand what those changes mean.

Local authorities have both a moral and statutory duty to protect all children in their care. That includes creating secure environments, upholding single sex spaces for girls who have survived sexual violence, and ensuring that no child is pressured or influenced to adopt an identity or undergo a transition without comprehensive and unbiased support.

This report should be a wake up call. It exposes unacceptable gaps in policy and practice and makes it clear that we must urgently reform the way we safeguard gender questioning children in care. They deserve a system that is vigilant, rigorous, and free from ideology, a system that prioritises their welfare above all else.

Preface

Baroness Spielman, Former HM Chief Inspector of Education, Children's Services and Skills

This report looks at a particularly sensitive aspect of children's care.

Children's social workers are rightly deeply concerned for the children they look after. Most of these children have been abused and neglected, often repeatedly, and despite attempts to work constructively with families. For many children in care, the physical and mental damage this causes has compounded the physical and mental difficulties that have been present from birth. Nearly three-quarters of children in care have been identified as having special educational needs and/or disabilities.

And the typical child in care is not a baby, but a teenager – on average children come into care at around age 14, often when the developmental upheavals of adolescence are intensifying the child's and family's pre-existing problems. Gender dysphoria is just one of the extensive range of psychological conditions that children in care disproportionately experience.

So social workers must put children's needs at the centre of their thinking and should pay close attention to what each child can express about their needs and wants.

But this emphasis on children's needs also helps to explain why the social care profession may have been particularly open to the campaigns driven so forcefully over the past decade to strengthen transgender rights, and to embed them into children's education and into children's health and social care provision.

In a well-functioning family, parental authority is gradually released as children approach adulthood. A loving and responsible parent does not always take what a child says about what they need at face value, and will say 'no' or 'not yet' when they judge that to be in the child's interests, even in the face of considerable pressure from the child. Most adolescents come into conflict with their parents at times, but most look back and recognise that they needed the structure and constraints that were provided by adults, and will provide those for their own children in their turn.

But social workers are – understandably – less comfortable about saying 'no' or 'not yet' to children who have so clearly suffered already. If your professional identity is defined around meeting damaged children's needs, it is hard to reconcile that with saying 'no' or 'not yet' when a child asks to be treated as though they were the opposite sex. It is easy to see why

instant unquestioning affirmation of gender identities and transition looks and feels to many to be a kind and responsive model of practice.

Yet as the Cass Review has so clearly shown, what may feel kind in the short term may be far from kind in the longer term. The physical and mental health ramifications of gender transition are complex, and as Cass pointed out, even social transition is not a neutral act. The same considerations that are now being taken so seriously in the context of health, and are partly addressed in the Department for Education draft guidance for gender-questioning children, now need to be given proper attention in children's social care.

This exploration of local authority policies by Policy Exchange is therefore timely and welcome. I hope that it prompts serious and constructive thought about how we can do our very best for the children who have, through no fault of their own, had the worst start in life.

Executive Summary

The care system is failing gender questioning children. Children in care were overrepresented in referrals to the now closed Gender Identity Development Service by a magnitude of 700%. Yet local authorities have failed to put policies in place which reflect their safeguarding obligations and key research on gender questioning young people, like *The Cass Review*.

Children in care are a highly vulnerable social group. Children in care are more likely to have faced mental health challenges and to have experienced abuse or neglect. They are unlikely to have a parent or guardian that is invested in their welfare to advocate for their best interests.

The publication of *The Cass Review* has seen significant progress in the safeguarding of gender questioning children in schools and healthcare settings. The most up to date *Keeping Children Safe in Education* statutory guidance and the draft guidance for *Gender Questioning Children* in schools are both in line with key safeguarding principles and the current evidence base. **However, in the care system, it is likely these developments never happened.**

Many gender questioning children in care are being aided to socially or medically transition without sufficient support or guidance for such a significant decision. Too many local authorities have embraced an affirmative approach to gender questioning children in their care, defined by *The Cass Review* as a model which presumes that ‘a child of any age... will benefit from a social transition’.¹ This is despite the fact that the Government, in response to *The Cass Review*, has clarified that ‘social transition is not a neutral act’.² Social transition can be a difficult and challenging process and can set children on a medical pathway that can result in irreversible harms.

129 Freedom of Information requests submitted by Policy Exchange, to every local authority with care responsibilities in the country, paint a picture of a care system that is fragmented, inconsistent, and in many places, ideologically captured.

81 out of 128 local authorities could not provide a policy on how to support a child in care reporting gender distress.

Only 2 local authorities explicitly referenced the findings of *The Cass Review* in their policies. This is despite the fact that the review was published five months before we sent our requests.

8 local authorities explicitly stated that they would consult no one before allowing a child to socially transition. Warrington Borough Council told us ‘we would not consult anyone’ while North Tyneside Council stated that ‘this is not a decision we would make for a child’. 27 councils were unable to name a person or office they would consult before permitting

1. National Archives.gov.uk, ‘The Cass Review: Final Report’, April 2024, [link](#), p. 70

2. Department for Education, ‘Gender Questioning Children: Non-statutory guidance for schools and colleges in England’, December 2025, [link](#), p.5.

social transition. Council guidance did not refer to a child's competence or capacity to make such important decisions independently.

Despite the vulnerability of many children in care, who have been disproportionately victim to sexual assault and exploitation, many policies fail to acknowledge the sex-based rights of women and girls. In particular, the most commonly used policy instructs that 'foster carers / residential staff may need to support young people with the following: [...] Inclusion in sport; and access to toilets'. This policy makes no reference to a local authorities' obligations to provide single-sex spaces.

81 local authorities were unable to provide us with an answer on the number of gender questioning children in their care because they had not collected the data. Of those that did respond, only 6 authorities were not supporting any gender questioning children. Some councils were supporting a significant number. Worcestershire County Council, for example, told us they had 8 gender questioning children, while Southwark Council had up to 10.

17 local authorities reported that they had been a member of a Stonewall Scheme in the last 48 months. 12 councils were still members. This may have influenced many local authority internal policies. Stonewall have also been critical of the Government's decision to ban puberty blockers, a decision taken in light of scientific evidence and safeguarding principles.

12 councils had commissioned training from activist organisations. Mermaids, Gendered Intelligence, and Genderphoria had all provided training to councils. Mermaids have come under criticism for supplying chest binders to children as young as 13 without their parent's knowledge or consent. Gendered Intelligence instructs providers to 'support their [gender questioning children] access to gendered spaces (e.g. toilets, accommodation, sports teams) that correspond to their gender identity': advice which is not in line with the Equality Act 2010 or the safeguarding of children.

The most vulnerable children in the country are being failed by the authorities entrusted with their care. Local authorities are outsourcing the development of guidance to activist groups or allowing a child to transition without consulting anyone. The current state of play has allowed individual local authorities to develop policy towards a vulnerable group without any serious regard for the unique vulnerabilities of these children, the basic tenants of safeguarding, or their safeguarding obligations. An urgent review of the current policy landscape is desperately needed.

Recommendations

1. **The Government should publish statutory guidance for local authorities on supporting gender questioning children in the care of the authority.** The guidance should consider the findings of *The Cass Review* and should reflect the safeguarding principles in *Keeping Children Safe in Education* (KCSIE). While KCSIE is written to provide guidance for schools, and cannot be applied directly to children in care, the safeguarding principles it follows offer an important framework for local authorities which should be incorporated into government guidance to councils.
2. **Local authorities must appoint at least one person who would be consulted in the event a child expresses the desire to socially transition.**
3. **In light of the Supreme Court Judgement on the definition of a woman for the purposes of the Equality Act, local authorities must commit to keeping certain activities and facilities single sex.** This relates to toilets, changing rooms and competitive sports.
4. **The Office for Standards in Education, Children's Services and Skills (Ofsted) should conduct an urgent review into residential care homes and independent fostering services' approach to gender-distressed children as part of its inspection of safeguarding protocols.**
5. **Local authorities should not subscribe to diversity membership schemes.** They should ensure that any organisations they commission to provide external training with regards to sex and gender are supportive of and compliant with the Cass Review, the Supreme Court's ruling on the definition of a woman and compliant with all relevant Government child safeguarding guidelines.

1. Introduction

The number of children being referred to healthcare services due to gender distress has been sharply escalating for the past decade. Between 2011-12 to 2021-22, referrals to specialist gender identity health services increased by over 2,000%.³ Children in the care of their local authority, known as Looked After Children or Children in Care, represent a disproportionately high proportion of this figure.

The Cass Review found that amongst those referred as being gender questioning, there was ‘a higher prevalence than in the general population of [...] looked after children’.⁴ A 2019 study found that looked after young people represented 4.9% of referrals to the national gender identity clinic – a significantly higher rate of care-experienced young people than is found for the English population (0.58%).⁵

Children in care are one of the most vulnerable groups in society. They usually do not have a parent or guardian to advocate for them. A child in the care of their local authority is significantly more likely to have experienced abuse or neglect, and to struggle with their mental health or to be neurodivergent. Each of these has been identified as a risk factor by The Cass Review that may make a young person more likely to be gender questioning. Considering this vulnerability, it is vital that councils adopt clear policies towards gender questioning children, considering the most up to date guidance, and scientific evidence.

The Cass Review defines social transition as ‘social changes to live as a different gender’.⁶ For example, a biologically male child could choose to socially present as female. In light of The Cass Review, Government guidance has clarified that this is not a neutral act. The process of social transition can be challenging and disorientating, particularly for children. It can also set them on a pathway towards medical transition. Whilst many gender questioning individuals go on to establish stable transgender identities, others continue to struggle with their gender identity and may regret or reconsider medical transition. This is a particular risk for children and young people who are still developing and navigating adolescence. Local authorities have a clear duty to children in their care to provide them with effective support and guidance that ensures they do not inappropriately make decisions that could result in irreversible harm.

In August 2024, Policy Exchange sent Freedom of Information requests to all 129 county councils, unitary authorities, and London boroughs.

3. Gov.UK, ‘Factors shaping gender incongruence and gender dysphoria, and impact on health services’, 2nd August 2023, [link](#). “Referrals to specialist child and adolescent gender identity health services increased from 210 per year for 2011-12 to over 5,000 per year for 2021-22”
4. National Archives.gov.uk, ‘The Cass Review: Final Report’, April 2024, [link](#), p.26.
5. Matthews T., Holt V., Sahin S., Taylor A., Griksaitis D. (2019) ‘Gender dysphoria in looked-after and adopted young people in a gender identity development service’, *Clinical Child Psychology and Psychiatry*, 24(1), pp. 112–28.
6. National Archives.gov.uk, ‘The Cass Review: Final Report’, April 2024, [link](#), p. 31

Freedom of Information request sent to local authorities

1. Information relating to the total number of Looked After Children in your care
2. Information relating to the number of Looked After Children in your care currently who have expressed that they may be a different gender to their sex or expressed a wish to change their gender. I would like to know:

- a. The total number of such children

In addition, if you can provide the information below without identifying children, I would also like to know:

- b. The number of such children aged 10 and under
- c. The number of such children who are:
 - i. Biologically male; i.e. their sex at birth was male
 - ii. Biologically female; i.e. their sex at birth was female

3. Information relating to the number of Looked After Children in your care who have been referred to an NHS Service in the last 48 months due to their expression of gender dysphoria, gender incongruence, or the belief that their gender identity is different to their sex.
4. Documents relating to any training or resources you have used from an external provider (charity or commercial organisation) on gender identity, sex and sexuality, or transition in the last 48 months.
 1. If training has been provided, please provide details of the organisations who provided the training, the date, and the cost to the Local Authority.
5. A copy of all your policies relating to transgender or gender questioning Looked After Children.
6. Who, if anyone, would the local authority consult before allowing a Looked After Child to socially transition (i.e. identify as a different gender to their sex). Please name all relevant roles.
7. Whether you are a member of any Stonewall schemes including their “Diversity Champion” scheme
 - a. Whether you have been a member of any Stonewall schemes in the last 48 months.
 - b. Any application you have made to Stonewall to be a “Stonewall Diversity Champion” or to be included on Stonewall’s “Workplace Equality Index”.

We received a full or partial response from 128 local authorities. The past two years has seen significant progress in safeguarding for

gender questioning children. In response to Policy Exchange's paper *Asleep at the Wheel: An Analysis of Gender and Safeguarding in Schools*, and the impact of The Cass Review, the Government has updated the *Keeping Children Safe in Education* statutory guidance to ensure it is in line with best practice for supporting children presenting gender distress. The draft guidance for *Gender Questioning Children* in schools offers similar important progress, ensuring that key safeguarding principles are followed in schools.⁷

Analysis of these responses shows that the progress we have seen within the health service, and in schools, has not happened at a local authority level. Children in care have been left behind in a system captured by gender ideology.

Many local authorities lacked any policy at all for supporting gender questioning children. Others had adopted the language of activists when discussing their treatment of children. Activist groups, like Stonewall and Mermaids, had in many situations provided training to authorities on how best to deal with gender. Several local authorities explicitly declared that they would not consult anyone if a child transitioned, and only two councils explicitly referenced *The Cass Review*, the most significant piece of research conducted into how to effectively support gender questioning children.

This paper documents how the care system has become captured by gender ideology, and how children are being let down consequently.

7. Department for Education, 'Gender Questioning Children', December 2023, [link](#).

2. Safeguarding in the care system

A Looked After Child (referred to throughout this report as a child in care) is a person under the age of 18 who is in the care of their local authority for more than 24 hours.⁸ The legal responsibilities a local authority has to a child are largely governed by the Children Act 1989, the Care Standards Act 2000, the Children Act 2004, the Fostering Services (England) Regulations 2011, and the National Minimum Standards for Fostering Services.⁹¹⁰¹¹

Looked after children fall into one of two categories. Under Section 20 of the Children Act 1989 a local authority may, with the consent of the child's parents, provide a child with accommodation if their parents are unable to provide 'suitable accommodation or care'.¹² In this case parental responsibility remains with the child's parents, who may withdraw their child from Section 20 accommodation at will. Alternatively, where a care order is made for a child, the local authority will 'have parental responsibility for the child' and 'the power to determine the extent to which... a parent... may meet his parental responsibility for him'.¹³ In such circumstances, the local authority becomes the corporate parent of the child, although they may continue to share parental responsibility with the child's parents. The approach local authorities take to parental involvement should therefore be distinctly different across these two groups.

Under Section 22 of the Children Act 1989, local authorities are given a statutory duty to safeguard and promote the welfare of children they look after. This includes arranging suitable placements, formulating care plans, providing health and education support, and reviewing progress regularly. The Children Act 2004 mandates stronger inter-agency collaboration through Local Safeguarding Children Boards (now replaced by Local Safeguarding Children Partnerships). No single agency holds complete responsibility for child protection.

The Fostering Services (England) Regulations 2011 and the accompanying National Minimum Standards establish the operational requirements for foster services. These include criteria for the approval of foster carers, the monitoring and supervision of placements, training requirements, and the promotion of children's health and well-being.

Most children in care are placed in a foster setting. In 2022/23, there were approximately 107,000 Looked After Children in the UK (a number which has been increasing for the past five years). As of March 2023, 68% of children were in foster placements (including kinship care) and 19% were in residential accommodation.¹⁴ The remainder were placed with

8. NSPCC, 'Children in Care', 1st April 2025, [link](#).

9. Legislation.gov.uk, 'Children Act 1989', [link](#).

10. Legislation.gov.uk, 'Care Standards Act 2000', [link](#).

11. Legislation.gov.uk, 'Children Act 2004', [link](#).

12. Legislation.gov.uk, 'Children Act 1989', [link](#).

13. Ibid.

14. NSPCC, 'Statistics Briefing: Children in Care', November 2024, [link](#).

parents, or in other settings.

Foster homes are generally seen as more conducive to a nurturing and stable environment, especially for younger children. They offer more personal attention and a familial setting that can promote emotional and psychological stability. Residential care, on the other hand, is often used for older children with complex needs, or in circumstances where foster placements are unavailable or unsuitable. While research has found that foster placements tend to be associated with better outcomes, this practice relies on strong guidance from local authorities. In the case of gender questioning children, foster parents must be provided with clear policies for supporting children in their care who report gender distress.

Most safeguarding principles, as defined by legislation, rely at least in part in support from parents or guardians as an advocate for a child's needs. However, for children in care, particularly those where a care order is in place, this may not be appropriate. As such clear policies and defined persons of responsibility are crucial to allow local authorities to safeguard the children in their care.

Section 11 of the Children Act 2004 states that any organisation or function providing services to children is legally required to promote their welfare and safeguard them:

Each person and body to whom this section applies must make arrangements for ensuring that—

- (a) their functions are discharged having regard to the need to safeguard and promote the welfare of children; and*
- (b) any services provided by another person pursuant to arrangements made by the person or body in the discharge of their functions are provided having regard to that need*

The Government also sets out the safeguarding responsibilities of local authorities in *Working together to safeguard children: 2023*.¹⁵ The Office for Standards in Education, Children's Services, and Skills inspect and regulate children's homes and independent fostering agencies. They require that all agencies they regulate have a strong 'culture of safeguarding'.¹⁶

The Government's 2023 draft guidance on *Gender Questioning Children*, designed for educational settings, asserts the importance of single-sex spaces.¹⁷ The guidance identifies clear age limits at which specific spaces (toilets, changing rooms and residential accommodation) should be divided by sex in line with legislation such as *The School Premises (England) Regulations 2012*.¹⁸ For example, residential accommodation should always be separated by sex, whilst separate sex toilets should be provided from the age of 8. These rules reflect the fact that for very young children it may not be necessary or appropriate to enforce strict sex separation, but this becomes increasingly important as children become older and develop. Whilst this guidance and the relevant legislation does not directly relate to care settings, local authorities should be mindful to follow the precedents

15. Gov.uk, 'Working together to safeguard children', 23rd February 2025, [link](#).

16. Ofsted, 'Guidance: Social care common inspection framework (SCCIF): children's homes', [link](#).

17. Department for Education, 'Gender Questioning Children', December 2023, [link](#).

18. Gov.uk, 'The School Premises (England) Regulations 2012', July 2012, [link](#).

within them in establishing access to separate-sex spaces for Looked After Children.

Children in the care system are at greater risk of exploitation, more likely to abuse substance, more likely to be diagnosed with mental health difficulties, more likely to experience developmental delay, and more likely to have special educational needs or disabilities.¹⁹ Responsibility falls on the local authority to ensure that their policies and safeguarding practices are informed by the unique vulnerability of Looked After Children and are in line with best-practice.

There is no Government guidance on supporting gender questioning children in care. This was acknowledged by the Department for Education's 2018 report, *Transgender Awareness in Child and Family Social Work Education*.²⁰ The report 'identified a complete lack of specific evidence regarding the inclusion of transgender issues in social work education in England'. It called for a wider evidence base to be generated and for the creation of social work-specific materials, in addition to better training and greater 'multi-agency working'. The activist organisations Mermaids and GIRES were consulted as part of the production of the review.

However, *The Cass Review* sets out the best approaches to supporting gender distress.²¹ Similarly, while written to support schools, *Keeping Children Safe in Education* and the draft *Gender Questioning Children: Non-statutory guidance for schools and colleges in England*, both offer a framework which could inform policy towards children in care.^{22 23}

Despite this, there continues to be confusion within the sector as how to best respond to the needs of gender-questioning Looked After Children. In 2023, the Children and Family Court Advisory and Support Service (CAFCASS) published *Guidance Working with Children and Gender Identity*.²⁴ The guidance takes a gender affirmative approach. The document's introduction states that:

'Transgender/gender expansive people (as well as LGB people) have existed since time immemorial. Therefore, any perception that being transgender/ gender expansive is a social construct or a new phenomenon is factually incorrect. Gender expansive children have existed in all times and all cultures of which records remain.'

At the point of a child's initial communication about gender identity or being transgender, the guidance advises practitioners to 'ask what name and pronoun you should use to address the child'. There are repeated references in the document to the fact that involving or informing a child's parents about their gender identity may be inappropriate. Activist organisations, including Stonewall, Mermaids and GIRES, are all given as signposted resources at the end of the guidance. CAFCASS is the largest employer of social workers in England.²⁵ It is therefore likely that this guidance, and the discordance between it and other reports such as *The Cass Review* and *Keeping Children Safe in Education*, has led to confusion within the sector in how to support vulnerable Looked After Children.

19. Safeguarding Network, 'Children in Care of the Local Authority', February 2024, [link](#).

20. Department for Education, 'Transgender awareness in child and family social work education, May 2018, [link](#).

21. National Archives.gov.uk, 'The Cass Review: Final Report', April 2024, [link](#).

22. Gov.uk, 'Statutory guidance: keeping children safe in education', 3rd September 2024, [link](#).

23. Department for Education, 'Gender Questioning Children', December 2023, [link](#).

24. CAFCASS, 'Guidance Working with Children and Gender Identity', January 2023, [link](#).

25. CAFCASS, 'Our social work roles', [link](#).

Gillick Competence

The views of a child that is gender questioning are always an important part of determining what actions it would be appropriate to take to support them. This is particularly the case for Looked After Children, where local authorities, as a corporate parent, are likely to feel less legitimate in asserting parental responsibility. As such, assessing whether a child is competent to make their own decisions is of upmost importance.

Under the law, it is assumed that children over the age of 16 are competent to make their own decisions and they are therefore allowed to offer independent consent. Children under 16 may only make decisions themselves if they are found to be Gillick competent. This concept stems from the 1985 ruling in *Gillick vs West Norfolk and Wisbech Area Health Authority*, which found that a child younger than 16 could, under the right circumstances, consent to medical treatment without parental authority or knowledge.²⁶ The test established by the ruling required the child in question to demonstrate ‘a sufficient understanding and intelligence to be capable of making up his own mind’.²⁷

The test of Gillick competence does not relate in any way to age but rather to a child’s capacity for decision making. This is inherently individual and subjective and depends on the child’s ability to demonstrate maturity of judgement and a clear understanding of the decision at hand, including alternative options available to them. Whilst Gillick competence was originally designed for medical decision making, the principle is now referred to in wider contexts at the standard for child decision making.

The principle of Gillick competence means that certain Looked After Children may be entitled to make decisions about their gender for themselves, including consenting to transition. However, this is still a highly significant decision and it is incumbent on the local authority responsible to ensure that the child is sufficiently knowledgeable and supported even if a child is found to have capacity for decision making. This nonetheless complicates the position for local authorities as they must reach individual determinations on each child’s decision-making capacity.

Given that transition is not a ‘neutral act’ it is still incumbent on the local authority to ensure the child is aware of the significance of their choice and has been able to engage with relevant professionals and specialists to support them in making this decision.²⁸ It is vital that the process local authorities use for establishing Gillick competence is rigorous, as many children will not reach the standard for making such decisions. In such cases, a local authority’s corporate parental responsibility is pivotal.

Even if a child is Gillick competent this capacity does not override national frameworks concerning transition for children and young people. For example, the puberty blocker ban for under 18s applies to any child, regardless of their Gillick competence.

26. Medical Defence Union, ‘Gillick Competence’, 25 February 2025, [link](#).

27. British and Irish Legal Information Institute, ‘Gillick Respondent and West Norfolk and Wisbech Area Health Authority First Appellants and Department of Health and Social Security Second Appellants’, 20 December 1985, [link](#).

28. Department for Education, ‘Gender Questioning Children: Non-statutory guidance for schools and colleges in England’, December 2025, [link](#), p.5.

Keeping Children Safe in Education

Keeping Children Safe in Education is the statutory guidance for schools and colleges on safeguarding children and safer recruitment. It is updated regularly and currently features safeguarding guidance clearly in line with The Cass Review. The key section pertaining to gender questioning children is below:

Keeping Children Safe in Education

Children who are lesbian, gay, bisexual, or gender questioning²⁹

N.B. This section remains under review, pending the outcome of the gender questioning children guidance consultation, and final gender questioning guidance documents being published.

205. A child or young person being lesbian, gay, or bisexual is not in itself an inherent risk factor for harm, however, they can sometimes be targeted by other children. In some cases, a child who is perceived by other children to be lesbian, gay, or bisexual (whether they are or not) can be just as vulnerable as children who are.

206. However, The Cass Review identified that caution is necessary for children questioning their gender as there remain many unknowns about the impact of social transition and children may well have wider vulnerabilities, including having complex mental health and psychosocial needs, and in some cases additional diagnoses of autism spectrum disorder and/or attention deficit hyperactivity disorder.

207. It recommended that when families/carers are making decisions about support for gender questioning children, they should be encouraged to seek clinical help and advice. When parents are supporting pre-pubertal children, clinical services should ensure that they can be seen as early as possible by a clinical professional with relevant experience.

208. As such, when supporting a gender questioning child, schools should take a cautious approach and consider the broad range of their individual needs, in partnership with the child's parents (other than in the exceptionally rare circumstances where involving parents would constitute a significant risk of harm to the child), including any clinical advice that is available and how to address wider vulnerabilities such as the risk of bullying. Schools should refer to our Guidance for Schools and Colleges in relation to gender questioning children, when deciding how to proceed.

209. Risks can be compounded where children lack trusted adults with whom they can be open. It is therefore vital that staff endeavour to reduce the additional barriers faced and create a culture where they can speak out or share their concerns with members of staff.

29. Keeping Children Safe in Education, 'Children who are lesbian, gay, bisexual, or gender questioning, 3rd September 2024, [link](#).

The guidance adheres to key safeguarding principles at several points:

Paragraph 206 refers schools to *The Cass Review* and identifies the importance of being aware of the ‘many unknowns about the impact of social transition’ and children’s ‘wider vulnerabilities’. Clear policy on supporting gender questioning children in care should advise of the same.

Paragraph 207, advising families and carers to seek ‘clinical help and advice’ when making decisions about support for gender questioning children could also be applied to a local authority policy.

Paragraph 208 recommends that schools take a ‘cautious approach and consider the broad range of individual needs’. This should also be done within a local authority. The guidance also suggests that such decisions should be taken ‘in partnership with the child’s parents (other than in the exceptionally rare circumstance where involving parents would constitute a significant risk of harm to the child)’. This suggests that, in situations where the child is either accommodated by the local authority under Section 20 or where the local authority through a care order shares parental responsibility with the child’s parents, it is paramount that they are kept informed and involved. This should only be deviated from in very specific circumstances. If a local authority has full corporate responsibility for a child, this guidance indicates that the relevant adult with safeguarding responsibilities for a child that is questioning their gender should be kept informed.

Keeping Children Safe in Education represents one of the best frameworks for the safeguarding of gender questioning children. Local council policies should look to adapt its key principles when developing their own policies for support children in care.

3. Numbers of Gender Questioning Children in the Care System

We asked councils three questions about the number of gender questioning children in their care:

1. Information relating to the total number of Looked After Children in their care
2. Information relating to the number of Looked After Children in their care currently who have expressed that they may be a different gender to their sex or expressed a wish to change their gender. I would like to know:

- a. The total number of such children

In addition, if you they could provide the information below without identifying children:

- d. The number of such children aged 10 and under
- e. The number of such children who are:
 - i. Biologically male; i.e. their sex at birth was male
 - ii. Biologically female; i.e. their sex at birth was female
3. Information relating to the number of Looked After Children in their care who have been referred to an NHS Service in the last 48 months due to their expression of gender dysphoria, gender incongruence, or the belief that their gender identity is different to their sex.

The majority of councils (81) refused to provide this information on the grounds that the information was 'not held in a reportable format' or that it would exceed the cost limit to collate the data. For example, Manchester City Council gave us the below response:

Figure 1: Manchester City Council response to FOI questions relating to the number and age of gender questioning children in their care:

3. Information relating to the number of Looked After Children in your care who have been referred to an NHS Service in the last 48 months due to their expression of gender dysphoria, gender incongruence, or the belief that their gender identity is different to their sex.

In response to your questions 2 and 3. The information requested is not held in a reportable format. If recorded, it would be on an ad hoc basis in case notes which would not provide reliable data. In addition, it would exceed the cost limit to do a manual search of total number of records above.

Of the 47 Councils that did respond, 6 confirmed that none of the children in their care are gender questioning. A further 14 councils gave the number of gender-questioning children in their care. In total, across these 14 councils there were 48 gender questioning children.

In some of these councils it seems likely that children questioning their gender may be under 10 years old. For example, Worcestershire County Council confirmed to us that 8 children in their care were gender questioning. Of this cohort, they told us that 7 were biologically female and 'fewer than 5' were biologically male. They also stated that 'fewer than 5' of their gender questioning children were aged 10 and under – which suggests at least one child.

Figure 2: Worcestershire County Council response to FOI questions relating to the number and age of gender questioning children in their care:

2. Information relating to the number of Looked After Children in your care currently who have expressed that they may be a different gender to their sex or expressed a wish to change their gender.

a. The total number of such children

8

b. The number of such children aged 10 and under

Fewer than 5

c. The number of such children who are:

i. Biologically male; i.e. their sex at birth was male

Fewer than 5

ii. Biologically female; i.e. their sex at birth was female

7

Many councils relied on an exemption under the Freedom of Information Act which allowed them to withhold specific numbers from disclosure where numbers are so low that there is a risk of identifying specific individuals by releasing this level of data.

Please note that where numbers are so low that there is a risk of identifying individuals by releasing this level of data, we are withholding the specific numbers from disclosure. This is because we consider this information to be exempt from disclosure under section 40(2) and section 40(3A)(a) of the Freedom of Information Act 2000 (as amended by the Data Protection Act 2018) because it amounts to personal data. Under this exemption, personal data can be withheld if disclosure would breach any of the data protection principles.

We consider that disclosure would breach the data protection principle to process personal data fairly, lawfully and transparently because, having regard to the rights of the individuals involved, it would not be fair, lawful, or transparent to the individual to disclose this information into the public domain.

Where relevant we have stated "fewer than 5" in replacement of the actual figure.

18 Councils told us that fewer than 5 children in their care were gender questioning. One council (Southwark) told us fewer than 10 children were gender questioning, and Perth and Kinross told us they had fewer than 3 gender questioning children.

From this data, we can assume that across these 18 councils there are between 20 and 83 gender questioning children.

From the 47 councils that attempted a response to our questions, we can assume a range of between 68 and 131 gender questioning children in care.

It is impossible to extrapolate a national range for the number of gender questioning children in the care of a local authority, since the majority of councils did not provide an answer to this question. However, from the numbers that we do have, it is clear that a significant number of children in care come to question their gender, and as such it is vital that all councils have clear policies in line with current research and their safeguarding obligations.

4. Policy Capture

We asked councils two questions about their policies towards gender questioning children:

1. *We asked for a copy of all policies relating to transgender or gender questioning Looked After Children.*
2. *We asked who, if anyone, would the Local Authority consult before allowing a Looked After Child to socially transition (i.e. identify as a different gender to their sex).*

Policies on Transition

81 out of the 128 local authorities (63%) which responded to our Freedom of Information Request were unable to provide us with a policy relating to transgender or gender questioning Looked After Children.

The remaining local authorities who did have policies in place tended to have very limited guidance for dealing with gender questioning children. Many of the policies, most likely using a common source, had one very limited section on 'gender identity' within their broader safeguarding documents. The policy reads:

6. Gender Identity

Some young people may identify as transgender (i.e. as a different gender from their birth gender) or as non-binary (they may not identify as either male or female). Girls, boys and transgender/non-binary young people should receive equal opportunities and encouragement to pursue their talents, interests and hobbies. Sexist stereotypes of behaviour must not be imposed or condoned, for example there should be equal expectations that boys and girls will participate in domestic tasks.

Young people who are experiencing gender identity issues should, in general, be given space and support to develop their own gender identity. However it is important that they are protected from adverse effects such as bullying and discrimination.

In particular foster carers/residential staff may need to support young people with the following:

- How to respond to young people sharing their issues;
- Recording a change of name and gender;
- Bullying;
- Inclusion in sport; and
- Access to toilets.

Children and young people experiencing gender identity issues may be subject to prejudice, discrimination and misunderstanding, all of which can have a detrimental effect upon quality of life, and physical and mental health. If carers have any concerns about the emotional wellbeing of young people living the home, specialist mental health support may be required.

This is the entire policy. It is very limited and lacks many of the key principles in other Government documents – such as *Keeping Children Safe in Education 2024*. It fails to advise that local authorities exercise any caution in supporting a child’s transition – and lacks reference to Government guidance informed by *The Cass Review* stating that transition is not a neutral act.³⁰

Unlike *Keeping Children Safe in Education 2024*, this policy makes no reference to the need for a cautious approach to transition, to the need to seek clinical support and advice when making key decisions, and for the need to inform a safeguarding authority (in KCSIE, this is parents or carers, but for children in care should be an office holder within the local authority).

The guidance instructs that foster carers and residential staff should support young people with ‘access to toilets’. The guidance does not make clear whether gender questioning children should use the bathroom that aligns with their biological sex, or ‘gender identity’.

This policy ultimately provides little guidance on the impact of transition, the importance of a holistic approach taking into account a child’s vulnerabilities, or the sex-based rights of women and girls. It is not in line with the advice found in *The Cass Review*.

It is not clear where the wording of this policy comes from, but given the number of councils that use it, there is likely to be a common source.

Some policies used language which conflict with best practice and the findings of *The Cass Review*. Oxfordshire County Council, for example, provided us with a policy document (produced by LGBTQ+ Youth in Care) that stated ‘every child has the right to an identity’ and that those working with gender questioning children should be ‘supporting and affirming them without treating their gender identity or sexual orientation as a potential risk factor’.

Figure 3: Oxfordshire County Council policy produced by LGBTQ+ Youth in Care

Respecting and exploring identities

Every child has the right to an identity. Respecting the identities of LGBTQ+ CEP means creating a safe environment for exploring aspects of identity. For people working with LGBTQ+ CEP, this means supporting and affirming them without treating their gender identity or sexual orientation as a potential risk factor. This includes using the correct pronouns and name when the CEP feels safe for you to do so and avoiding casting doubt on their identity or implying that it is a ‘phase’. Discovering and coming to terms with being LGBTQ+ is not a one-off activity, but often includes periods of deliberation, exploration, experimentation and learning. All CYP need to be in an environment where they feel supported to explore their identities, not pressured to assign a label immediately, but affirmed if and when they feel ready to.

“ It relates to someone’s gender identity and how they identify... they can change their pronoun... it’s something that is in their power ”

Brett

30. Gov.uk, ‘Keeping Children Safe in Education’, 2nd September 2024, [link](#), p.55.

The guidance also encourages local authorities not to collect and share information about a child's 'gender identity', a principle which directly contravenes key safeguarding principles.

Figure 4: Oxfordshire County Council policy produced by LGBTQ+ Youth in Care

Consent

Every child has the right to have their views respected. Consent and boundaries are one way of showing respect for all children and young people. Consent is when someone has explicitly agreed to have information about them shared before it has been shared. When information about a young person's sexual orientation and gender identity is shared without consent, this is not always intentional. For example, information may be uploaded onto a case management system that numerous people have access to, or the correct pronouns may be used with people that the young person has not come out to. Sharing information without consent, regardless of its intentions, can lead to a breakdown of trust and may be a denial of that young person's legal rights.

At another point in their guidance, they describe the process of recording information about a child for safeguarding purposes as 'outing' and advise professionals against doing this.

Figure 5: Oxfordshire County Council policy produced by LGBTQ+ Youth in Care

We deserve to grow up in an environment where we aren't outed without our permission

“

Most of our lives as care experienced people get shared without our consent, so I think the one thing we have control over is our identity and for that to be shared without our consent, just adds to the awfulness that comes with being care-experienced...my gender identity is the one thing I have control over

Anonymous

”

For our group, growing up in the care system has at times felt intrusive, with enormous amounts of information about their lives being recorded and shared amongst professionals. Children and young people have a legal right not to be outed without their consent¹¹ and their wishes around the sharing of this information must always be respected. Outing can be incredibly damaging to the trust that has been built up with professionals, especially those who young people have felt able to confide in about their gender or sexual orientation. Our group described some practical ways that this right to privacy can be enabled.

Only two councils (less than 2% of respondents), Powys and Durham, referenced the findings of *The Cass Review*. This is despite the fact that the final review was published five months before the requests were sent out. Powys County Council told us that:

The Cass review was sent to all Children's Services staff – both the interim and full report. Power point of Dr Cass' presentation given at an event facilitated by the association for child protection professionals was shared with all Children's Services staff which was attended by the senior manager of safeguarding.

Durham County Council did not have a policy relating to gender questioning children but did state they were awaiting further guidance pending *The Cass Review*.

Figure 6: Durham County Council FOI response referencing *The Cass Review*

5. This information is not held.

Further government guidance is awaited following the Cass report. Please see the following link:

[Final Report – Cass Review](#)

Who would be consulted?

Keeping Children Safe in Education recommends that 'when supporting a gender questioning child, schools should take a cautious approach and consider the broad range of their individual needs, in partnership with the child's parents'.³¹

However, there remain a wide range of circumstances in which a Looked After Child's parents should be consulted or informed. This is especially true if they are accommodated by the local authority under Section 20, with the parent retaining full parental rights. Even in the context of a care order, parental responsibility may be shared in such a way that it would be appropriate for the local authority to keep a child's parents informed and involved. Whilst there will of course be more severe cases, where involving parents would be inappropriate and possibly put a child at risk, local authorities should be mindful to consider this relatively high standard for excluding a child's birth parents. In such circumstances, local authorities should have their own robust systems to ensure a child's interests are properly safeguarded and supported in making any decisions.

Concerningly these principles do not appear to be effectively followed. Many local authorities now consult no one at all when a child decides to transition. 8 local authorities explicitly told us that they would consult no one if a child chose to transition. Warrington Borough Council, for example, explicitly told us that they would not consult anyone:

31. Gov.uk, 'Keeping Children Safe in Education', 2nd September 2024, [link](#), p.55.

Figure 7: Response from Warrington Borough Council identifying that they would not consult any named individual if a child chooses to transition

6. Who, if anyone, would the Local Authority consult before allowing a Looked After Child to socially transition (i.e. identify as a different gender to their sex). Please name all relevant roles.

Response: We would not consult with anyone if a child wanted to 'identify' as a different gender to their sex. This would be a personal choice of the child.

Similarly, North Tyneside County Council told us 'this is not a decision we would make for a child', abnegating safeguarding responsibility.

Figure 8: Response from North Tyneside County Council identifying that they would not consult any named individual if a child chooses to transition

6. This is not a decision the Local Authority would make for a child. A child in our Care can chose to socially transition when they wish to. The Local Authority would encourage the child to speak to people who are important to them in making their decision.

Concerningly, in both cases above local authorities imply that exercising their responsibilities as a corporate parent might in some way violate the child's autonomy. Yet local authorities are empowered in this way precisely to safeguard vulnerable children who may not be in a position to make these decisions independently.

A further 13 local authorities were unable to name a person that they would consult and instead told us they would decide on a 'case-by-case basis'.

Hillingdon Council, for example, told us that 'no specific named person would be consulted as a blanket [sic] approach'.

Figure 9: Response from Hillingdon Council identifying that they would not consult any named individual if a child chooses to transition

6. Who, if anyone, would the Local Authority consult before allowing a Looked After Child to socially transition (i.e. identify as a different gender to their sex). Please name all relevant roles.

- This would be a case by case decision and no specific named person would be consulted as a blanket approach.

North Lanarkshire told us that staff would contact 'any person they believe would be appropriate' and that 'each case would be assessed on an individual basis'.

Figure 10: Response from North Lanarkshire Council identifying that they would not consult any named individual if a child chooses to transition

6)

Staff would contact any person they believe would be appropriate including any person the child may have identified should be consulted. Each case would be assessed on an individual basis.

A further 16 councils were unable to provide us with their policy regarding who they would consult if a child wished to transition. In the absence of a named person, it is very possible that gender questioning children in these local authorities would not be referred to anyone.

21% of local authorities in total did not name the person (or office holder) they would consult before allowing a Looked After Child to socially transition. Local authorities did not refer to Gillick competence, suggesting that the local authority may not distinguish between children's capacity for decision making when supporting a child's preference to transition. This is despite the clear evidence found in *The Cass Review* that social transition is a significant, non-neutral act. Children who choose to transition are often more vulnerable and are statistically likely to be experiencing other difficulties with their mental health. This is why Government guidance in schools now makes it clear that parents should be informed when a child decides to transition.

The move towards evidence based, informed policy, that we have seen in schools, has not happened in local authorities. Children in care are transitioning at a much higher rate, but in some cases without support or safeguarding oversight from anyone in an authority. Many authorities are operating without a policy, despite the complexity and gravity of the subject, and those that do have a policy are using unclear language which fails to reflect the state of the law and the most up to date research.

5. External Training

As Policy Exchange has previously documented, the embedding of gender ideology into public and private services is often a consequence of training provision by activist organisations. Membership of Stonewall Diversity Champion Schemes across the public sector has often resulted in policies which do not reflect the Equality Act 2010, and do not have the best interest of children, employees, or service users at heart.

We asked local authorities two questions about their use of external training providers:

1. We asked for documents relating to any training or resources they have used from an external provider (charity or commercial organisation) on gender identity, sex and sexuality, or transition in the last 48 months.
 - a. If training has been provided, we asked them to provide details of the organisations who provided the training, the date, and the cost to the Local Authority.
2. We asked whether they are a member of any Stonewall schemes including their “Diversity Champion” scheme
 - b. Whether they have been a member of any Stonewall schemes in the last 48 months.
 - c. Any application they have made to Stonewall to be a “Stonewall Diversity Champion” or to be included on Stonewall’s “Workplace Equality Index”.

Stonewall Diversity Champions Schemes

17 local authorities told us they were a member of the Stonewall Diversity Champions Scheme. 5 volunteered that they had since withdrawn. This Stonewall scheme has historically come under heavy criticism for encouraging employers to adopt policies which are not in line with the Equality Act, and which neglect the sex-based rights of women and girls.

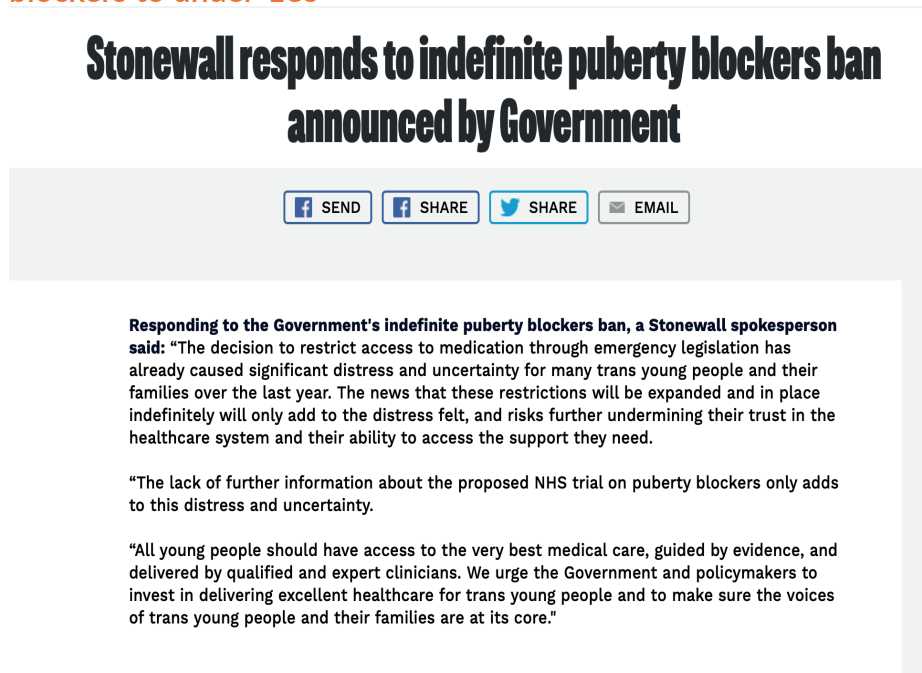
Stonewall’s definition of transphobia used to claim that “denying a transgender person’s identity or refusing to accept it” was an expression of “fear, dislike, and transphobia”.³² In response to several legal judgements which have affirmed that gender critical beliefs (the belief that sex cannot be changed)

32. Sex matters, ‘Stonewall changes “transphobia” definition’, [link](#).

are protected under the Equality Act, Stonewall have since changed their policy. However, this advice has gone on to influence many internal policies and pieces of guidance in workplaces.

Major UK Government departments have taken the decision to leave Stonewall's Diversity Champion Schemes.³³ Stonewall have been critical of The Cass Review, arguing that "healthcare for trans children and young people is being designed to different standards than for those for other children and young people" and has criticised the Government's evidence backed puberty blocker ban.³⁴

Figure 11: Stonewall's response to the decision by the UK Government's decision to suspend the prescription of puberty blockers to under-18s



Our findings show that local authorities are outsourcing training to external activist groups, whose stated position on trans and gender contravenes Government policy and safeguarding principles.

33. Stonewall, 'Whitehall's biggest departments dump Stonewall diversity scheme', 24th Jan 2025, [link](#).

34. Stonewall, 'Stonewall responds to indefinite puberty blockers ban announced by Government', December 12th 2024, [link](#).

Mermaids

The most common training provider listed was Mermaids.

Oxfordshire, Nottinghamshire, Staffordshire, Clackmannanshire and Surrey told us that Mermaids had provided them with training on gender identity, sex, and sexuality, and transition in the last 48 months.

Figure 12: Response from Oxfordshire County Council detailing training provided by Mermaids in October 2021

- Documents relating to any training or resources you have used from an external provider (charity or commercial organisation) on gender identity, sex and sexuality, or transition in the last 48 months.
 - a. If training has been provided, please provide details of the organisations who provided the training, the date, and the cost to the Local Authority.

Oxfordshire County Council (OCC) does not hold any documents. However, OCC last used an external provider to deliver training on this topic in October 2021. The provider was Mermaids, and the cost was £500. Since then, we have had several delivered sessions internally by colleagues. Currently we are signposting colleagues to the OSCB Supporting LGBT Children, Young People and Families Course.

Figure 13: Response from Nottinghamshire County Council detailing resources used by the local authority that are produced by Mermaids

Resources used of those working with young people identifying within this FOI request:

- *Mermaids - Further resources and source data Module: Supporting Trans and Non-Binary Young People (see attached)
- *Mermaids - Glossary (see attached)
- *Inclusive Care: Experiences of LGBTQ+ children and young people in care (see attached)
- A Guide for Young Trans People in the UK (Department of Health) [A guide for young trans people in the UK \(nottscc.gov.uk\)](#)
- LGBT+ Service Nottinghamshire ([LGBT+ Service Nottinghamshire \(lgbtplusnotts.org.uk\)](#))
- Notts LGBT+ Network [Notts LGBT Network lesbian, gay, bi, trans information](#)
- Nottinghamshire Centre for Transgender Health [About us | Transgender \(ncth.nhs.uk\)](#)
- Nottingham Chameleons [Nottingham Chameleons – A social and support group for trans* people, their family and friends.](#)
- NHS – CAMHS Support for LGBT+ young people [CAMHS supporting LGBT+ young people | Nottinghamshire Healthcare NHS Foundation Trust](#)
- **NSCP Trans Youth July 2023 PowerPoint slides (see attached)
- **Genderphoria Flyer (see attached)

Some of the training provision attended are:

- Nottinghamshire County Council's Treating People Fairly Online Module (Mandatory) – NO COST
- Nottinghamshire Safeguarding Children Partnership (NSCP) - NSCP Understanding Trans Youth Level 3 – NO COST (resources accessed marked with **) – most workers have attended or booked on to this training
- Nottinghamshire County Council's Trans Awareness – NO COST
- LGBT Awareness Event (Birmingham Event) – Cannot confirm date or cost of this event.
- 21/05/2024 – Regional Seminar for Independent Chairs – "Gender Identity" delivered by Mermaids (Martin Storey) on supporting trans, non-binary young people and their families (resources accessed marked with *) – Total Cost of the event = £750 for a 2 hour session (20 people attended)
- Training with Spire Barristers - 20th July 2020. Training for lawyers and social workers – "Transgender children – issues to consider when looking at the child's best interests" – Free Training

Figure 14: Response from Surrey County Council detailing training provided by Mermaids in July 2021

4. Documents relating to any training or resources you have used from an external provider (charity or commercial organisation) on gender identity, sex and sexuality, or transition in the last 48 months.

a. If training has been provided, please provide details of the organisations who provided the training, the date, and the cost to the Local Authority.

In July 2021, the Children's Academy commissioned Mermaids to deliver three courses: LGBT – inclusive diversity sessions. The costs of these sessions were £500 per course for 15 people, making a total cost of £1,500.

Course contents:

- Understanding gender identity and gender diversity
- LGBT+ terminology
- Challenges faced by LGBT young people
- Transition pathways, including healthcare
- Changing names and pronouns
- Legal responsibilities: The Equality Act 2010
- Improving LGBT+ equality and diversity

Mermaids describe themselves as 'supporting trans, non-binary and gender questioning children' on their website. Their methods, advice, and training have attracted significant controversy.³⁵

In September 2022, the Charity Commission opened a compliance case into the charity. In particular, Mermaids were found to be offering to send breast binders discreetly to children as young as 13 who said their parents opposed the practice.³⁶ Breast binders can lead to breathing difficulties, fainting, compressed or broken ribs, punctured or collapsed lungs, back pain, compression of the spine, damaged breast tissue, damaged blood vessels, blood clots, inflamed ribs, and heart attacks.³⁷ Providing them for a child without a parent's consent or knowledge poses a serious safeguarding failure.

After *The Cass Review* was published, Mermaids published a statement expressing 'significant concerns about many aspects of the report' and stating they were 'deeply frustrated with the lack of clarity throughout the report'.³⁸

Figure 15: Mermaids statement in response to *The Cass Review*

Overall analysis

While we have significant concerns about many aspects of the report, it recognises the existence of trans children and young people and rightly acknowledges what they have been saying for years: NHS services are comprehensively failing them.

Young people we have spoken to are concerned about what they have read, including the desire to understand "why" young people are trans, and to place what feel like "limits" on gender expression, further pathologising and medicalising their identities. We share these concerns.

We are deeply frustrated with the lack of clarity throughout the report, which has enabled wilful misinterpretation and the spread of harmful misinformation. Clear and accessible language is vital, especially when services are operating in a context where there is significant hostility to and misconceptions about trans people, particularly in the media.

35. Mermaids, 'About Mermaids', [link](#).

36. Telegraph, 'Exclusive: Trans charity Mermaids giving breast binders to children behind parents' backs', 25th September 2022, [link](#).

37. Transgender Trend, 'Breast Binders in UK Schools', 3rd August 2016, [link](#).

38. Mermaids, 'The Cass Review: Mermaids' response in depth', 25th April 2024, [link](#).

After the Supreme Court ruled that for the purposes of the Equality Act 2010 a woman is a biological female, they posted to Instagram that ‘no court can tell you who you are’.³⁹

Figure 16: Instagram post by Mermaids in response to the Supreme Court judgement in *For Women Scotland vs The Scottish Ministers*



Our Freedom of Information requests have revealed that a charity which has openly criticised research commissioned by the Government, criticised the law on this topic, and acted against basic safeguarding principles, is providing training for local authorities supporting the most vulnerable members of society.

Gendered Intelligence

Warrington, Ealing, Essex, Wandsworth, Bath and North East Somerset, and Newham had all purchased services from Gendered Intelligence.

Figure 17: Response from Bath and North East Somerset Council detailing training provided by Gendered Intelligence

4. Documents relating to any training or resources you have used from an external provider (charity or commercial organisation) on gender identity, sex and sexuality, or transition in the last 48 months.

a. If training has been provided, please provide details of the organisations who provided the training, the date, and the cost to the Local Authority.

Gendered Intelligence – cost £800.

Gendered Intelligence state on their website that their goal is to increase knowledge of ‘gender diversity’. Their ‘good practice’ guidance instructs institutions to provide ‘all gendered toilets’ and states that providers should

39. Instagram, ‘Mermaidsgender’, 16th April 2024, [link](#).

give ‘transgender’ children ‘access to gendered spaces / groups (e.g. toilets, accommodation, sports teams) that correspond to their gender identity’ – advice which is not in line with the Equality Act.⁴⁰

Figure 18: Content on gendered spaces produced by Gendered Intelligence as part of its guidance document ‘Good Practice When Working With Young Trans and Non Binary People.’



- Support their access to gendered spaces/groups (e.g. toilets, accommodation, sports teams) that correspond to their gender identity, across the full range of experiences, including trips, away matches, social activities

These are just a few examples – others, including ‘genderphobia’ and several independent training providers – who may also be providing guidance which is activist in nature, and directly opposed to key safeguarding principles and carefully developed best practice.

Councils should not be relying on charities with an activist agenda to instruct them on how to support gender questioning children in their care. Instead, their training should be focused on their legal safeguarding responsibilities and research such as *The Cass Review*. These training sessions are neither good value for money, nor safe and responsible. Politicised charities cannot be relied on to establish best practice for supporting children experiencing gender distress.

40. Gendered Intelligence, ‘Good Practice when working with children and young people’, [link](#).

Conclusion

The care system is failing children. Across many authorities in the UK, there is an absence of consistent, evidence-based policy for supporting gender-questioning Looked After Children. At the very moment when the state assumes the role of the parent, many local authorities are abdicating their safeguarding responsibilities—ceding ground to ideology in place of caution, and to activist dogma in place of clinical oversight.

Decisions about the care of vulnerable children are being influenced by external organizations like Stonewall, Mermaids, and Gendered Intelligence, without any consistent framework to ensure their safety and long-term wellbeing. In some local authorities, children are being socially transitioned without a single person being consulted. In others, policies are either non-existent or rely on vague, activist-derived language that fail to reflect legal duties or clinical standards. Such practices risk serious and lasting harm—both to the individual children involved and to public trust in the care system itself.

This situation is especially troubling in light of the findings of *The Cass Review* and subsequent Government guidance, which makes clear that social transition is not a neutral act and that gender-related distress often co-occurs with complex mental health and psychosocial issues. That only two local authorities out of 128 explicitly referenced *The Cass Review* in their responses—five months after its publication—exemplifies the disconnect between national policy development and local implementation.

The safeguarding failures exposed by this research are not just administratively inefficient—they are ethically indefensible. The state has a heightened duty of care towards children for whom it acts as a corporate guardian. It cannot delegate that duty to third-party campaign groups. It cannot excuse inaction or ideological drift with appeals to “case-by-case” discretion. And it cannot ignore the growing body of evidence warning against premature affirmation without clinical scrutiny.

Reform is urgently needed. Government must establish clear statutory guidance for local authorities on how to support gender-questioning Looked After Children. This guidance should draw upon the principles already embedded in school safeguarding frameworks, be grounded in *The Cass Review*, and reject the influence of unregulated, ideologically driven training providers. Above all, it must restore the primacy of child safeguarding and uphold the rights of vulnerable young people to evidence-based, therapeutically grounded care.

Without such action, we risk leaving the most vulnerable children in our society to navigate some of the most difficult and consequential

decisions of their lives without the support, caution, and care they desperately need—and deserve.



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