

Response by Thoughtful Therapists to Government Consultation:

HM Government (2023) [Changes to statutory guidance: Working Together to Safeguard Children: Government consultation.](#)

Launch date: 21 June 2023

Respond by: 6 September 2023

Questions from 'Working Together' (England) consultation

+Agree Agree Neither Disagree +
Disagree

15.To what extent do you agree that these proposed changes will strengthen the role of education in multi-agency safeguarding arrangements?

X

16.To what extent do you agree that making education a statutory safeguarding partner is the only way to secure the right level of collaboration in multi agency arrangements?

X

20.To what extent do you agree that these changes will strengthen whole family working and tailored support for children and families ahead of wider system reforms?

X

29.To what extent do you agree these standards will be effective in supporting improved multi-agency child protection work?

X

31.To what extent do you agree that the updated section 'supporting children at risk of or experiencing harm outside the home' makes clear what practitioners need to consider in supporting this group of children?

X

Yes No Don't
know

21. Do you agree that the features we have outlined for Family Group Conferences will improve family network engagement in decision making and supporting children?

X

28.Is there anything else you want to comment on in *Help and support for children and families*? In any feedback, please highlight what your comment relates to i.e. early help, family

networks, section 17, support for disabled children.

Vulnerability of Looked After Children to gender identity ideology grooming:

Para174. “Where there are concerns that a child is experiencing extra-familial harm, practitioners should consider all the needs and vulnerabilities of the child. Some children will have vulnerabilities that can be exploited by others and will require support appropriate to their needs to minimise the potential for exploitation.”

Specifying trauma, distress and behavior needs to be contextualised, understood, and responded to in way that recognises the unique experience, impacts and coping mechanisms of each individual child. This understanding needs to be framed around a child development and biopsychosocial model. It is important that guidance and support for children looked after by ‘corporate parents’ is guided by evidence-based research and established theory/data, and that this is also reflected in the curriculum in residential school settings and support programs and interventions.

It needs to be understood that looked after children, as coping mechanism, are at much higher risk of self-harming and self-destructive behavior, and increased incidence of poor mental health, such as self-harm, body disassociation, low self-esteem and a sense of rejection with a desire to find belonging often amongst peers. Such patterns of distressed behavior can become normalised and transferred interpersonally and within care settings, linking in turn to phenomena of ‘social contagion’, such as Rapid Onset Gender Dysphoria.

The vulnerability of Looked After Children to being groomed by gender identity ideology:

Looked after children are therefore extremely vulnerable to being groomed online, or in person, into adopting beliefs about gender identity as a blanket solution to enduring psychological issues, such as trauma, loss, attachment and a consequent lack of a strong sense of identity. Thus, “Looked after children are over-represented. They make up 0.58% of the general population but 4.9% of GIDS (Gender Identity Development Service) referrals. Adopted children account for another 3.8% of referrals” (Matthews et al, 2019).

Professionals concerned about effective safeguarding of Looked After Children therefore need to be alert to their potential recruitment to unfounded beliefs in gender identity and their subsequent recruitment for social and medical transition. Thus, Looked After Children may possibly be identifying as being other than their birth sex, but as a response to abuse, either experienced or directly witnessed (Barnes, 2023: 158). Notably, children referred to GIDS were ten times more likely than the national average to have a registered sex offender as a parent (Rayner, 2023). A large proportion (42%) had lost a parent through death or separation, and 70% had more than five “associated features” such as anxiety, depression, abuse, self-harm, bullying, eating disorders, or suicide attempts (Barnes, 2023: 17). Safeguarding professionals therefore need to look beyond a Looked After Child’s wish to identify with a perceived and desired gender identity and take into account other contextual and adverse childhood experiences which may have some explanatory or therapeutic value in making shared sense of this identification.

Section References:

Barnes, H. (2023) Time to think: The inside story of the collapse of the Tavistock’s Gender identity Service for Children. Swift: London.

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 Psychol Psychiatry. 24: 112-128. DOI: 10.1177/1359104518791657.

Rayner, G. (2023) "Tavistock clinic 'ignored' link between autism and transgender children", Daily Telegraph, 14th February.
<https://www.telegraph.co.uk/news/2023/02/14/tavistock-clinic-ignored-link-autism-transgender-children/>

34. Is there anything else you want to comment on in *Learning from serious child safeguarding incidents*? [Free text]

The summary of *Learning from serious child safeguarding incidents?* contains two very concerning and potentially misleading messages:

"10 Principles for learning:

All need training to work with *challenging and evasive parents*.

Keep listening to *the voice of the child*" (6: emphasis added).

This summary focuses far too narrowly on forms of child abuse encountered inside the home or family, ignoring the lessons of child sexual exploitation inquiries (such as at Rochdale and Rotherham) where harm is usually initiated and maintained outside the home and family by adult groomers and perpetrators. Given the narrowly based sample of material drawn from Serious safeguarding incident reports, the key 'lessons' from serious child safeguarding incidents above do not address forms of gender identity ideological grooming by forces outside the family, such as by trans activists posing as children in poorly moderated online chat rooms, or via other intrusive forms of social media.

The child's voice in pressing for social and medical transition may simply be a form of ventriloquism by their groomer, rather than the authentic expression of their own autonomy. In any case, the child's stated preferences have never been a reliable guide to their best interests in safeguarding terms, as when a child wants to engage in risky or age-inappropriate activity, as for example in the case of children at risk of radicalization from outside the home

Any form of pretended transition from one sex to another necessarily involves significant harm to the child, both physical or psychological, under the terms of s.47 of the Children Act 1989 and therefore requires statutory investigation. Parents resisting their child's transition should not be framed as being 'challenging and evasive' as above, but more accurately as being both realistic and protective of their child's best interests, and should thus be supported in these efforts by safeguarding agencies.

The offer of Family Group Conferences, given their strong evidence base via a randomised controlled trial, could be very relevant to situations where social services perceive parents as abusive for not supporting the social transitioning of a child. This likelihood would be increased following a legal ban on conversion therapy, as has been the case in British Columbia, Canada and

Victoria State, Australia. Calling a Family Group Conference has a strong evidence base for its effectiveness in reducing the need for statutory intervention by social services: here, a Family Group Conference could present the arguments, research and resources available to support the parents' stance in challenging social transition.

35. Do you have any overall comments about the potential impact, whether positive or negative, of our proposed changes on those who share protected characteristics under the Equality Act 2010? [Free Text]

Where you identify any negative impacts, we would also welcome suggestions of how you think these might be mitigated.

Child Development from a Psychological Perspective

For this guidance to be meaningful on terms of having a real impact in safeguarding children and young people, the guidance needs to contain an understanding of psychological child development including children's suggestibility and clarity about the prevention of promotion of ideological beliefs in education and other public institutions.

We know from decades of research that children develop a gradual sense of themselves and their individual identity. This is based on a variety of factors impacting on and interacting with the individual. So, a child's developing personality, their learning predispositions, their family environment, the impact of experiences and their immediate community including school, all have a bearing on how a child develops. So, psychological and emotional development for any child is a mixture of influential internal and external factors. A child's positive health and wellbeing is dependent on him or her being subjected to a balance of learning experiences in safe and supportive environments with feedback which supports the child to understand concepts and ideas about their world. These ongoing developments throughout childhood, help the child and the teenager to progress in their learning and in their sense of themselves: in other words that individual's identity. No child is born with an innate sense or feeling about who they are. It is important therefore, that teaching ideologies including gender ideology are not progressed in schools as part of the curriculum and as fact, other than to refer to these belief systems existing as beliefs that some individuals hold alongside beliefs such as religious beliefs etc.

Strengthening the document in terms of applying the key provisions of the Equality Act 2010:

Para 16 "...the Equality Act 2010, which puts a responsibility on public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity. This applies to the process of identification of need and risk faced by the individual child and the process of assessment. No child or group of children must be treated any less favourably than others in being able to access effective services which meet their particular needs."

The application of the Equality Act 2010 to safeguarding policy and practice has a number of implications, for example with regard to:

- * accurate record keeping;
- * avoiding discrimination against groups with protected characteristics, i.e. sexual orientation;
- * protecting single-sex spaces.

*** accurate record keeping;**

There are some useful references to the need to gather data according to protected characteristics for further analysis, e.g.

Para 30: “information is sought, analysed, shared and broken down by protected characteristics to facilitate more accurate and timely decision-making for children and families.”

It is important that this is done in a consistent manner, i.e. that biological sex is not conflated with gender (e.g. the distinct lack of clarity in the way ‘gender’ is used in some sections: p.14, 72; for example, what is the ‘gender’ of ‘families’?) Keeping accurate records of relevant protected characteristics, such as sex (not ‘gender’) is of crucial importance in relation to school safeguarding concerns, such as sexual harassment, peer to peer sexual abuse, and bullying. It is also crucial with regard to maintaining statutory protection under the Equality Act 2010 for providing single sex spaces, such as toilets (given the importance for girls’ physical and emotional health and wellbeing of girls regarding legitimate menstruation concerns) and their safety and privacy regarding changing facilities and within residential settings.

*** avoiding discrimination against groups with protected characteristics, i.e. sexual orientation;**

It needs to be borne in mind by safeguarding professionals that social and medical transition processes contain an inherent risk of discrimination against children on the grounds of sexual orientation. Hence, 80% of girls and 90% of boys referred to the Tavistock GIDS for treatment were assessed as being same sex attracted (Barnes, 2023: 161). Medical transition therefore runs the risk of being seen as a process which is effectively ‘transing away the gay’, namely one which is inherently discriminatory against a group protected under the Equality Act 2010 on grounds of sexual orientation.

Unwarranted discrimination can also be experienced by professionals or service providers who hold gender critical beliefs. One example we are aware of concerns a potential foster parent, who was rejected on the grounds of holding gender critical beliefs, even though these beliefs are legally protected by the Forstater Appeal judgement and are therefore entitled to legal protection under the Equality Act 2010.

*** protecting single-sex spaces.**

This vigilance in maintaining single sex spaces needs to be maintained with regard to Looked After Children in residential settings, with the provision of placements made on the clear basis of sex, not ‘gender’. In addition, single sex exemptions also apply to the needs of professional, such as female-only staff.