

Uncovering RSE and Exposing Harms

Trans Inclusion Schools Toolkit: Supporting Trans, non-binary and gender questioning children and young people in Brighton & Hove educational settings

Website: <https://www.theproudtrust.org/resources/research-and-guidance-by-other-organisations/trans-inclusion-schools-toolkit/>

Aims: The document's purpose is to give "information and guidance to schools and colleges on how to effectively support trans and gender questioning pupils and students and prevent transphobia. Creating safe, trans inclusive learning environments is crucial to reduce and prevent harm to trans and non-binary children and young people, but will also be of benefit to all genders as gender stereotyping, sexism, homophobia, biphobia and transphobia are challenged."¹

Withdrawal of resource: To date, while this resource is understood to be in use in some schools, it has been withdrawn by councils in Warwickshire, Oxfordshire, Doncaster, Leicester City and Shropshire, following a court case in Oxfordshire that highlighted safeguarding concerns.²

In a much publicised High Court case involving Keira Bell (December 2020),³ the court ruled that it is "highly unlikely" that children aged 13 or under would ever be able to provide their consent to being treated with puberty blockers. For children aged 14 or 15, the judges ruled that it was "very doubtful that a child of this age could understand the long-term risks and consequences of treatment in such a way as to have sufficient understanding to give consent."⁴

This landmark ruling, alongside the fact that some councils have already withdrawn this document, brings into question the continued promotion of the Trans Toolkit.

Voice for Justice UK believes that this resource should, as a matter of safeguarding, and especially in light of the High Court ruling, be withdrawn with immediate effect.

Age/Audience: Since 2014, this has been "disseminated to Brighton & Hove educational settings..."⁵ and has children and young people as its target audience, including "more content for primary school settings."⁶

Production: Main partnership of the Proud Trust, Brighton and Hove City Council, Allsorts Youth Project & Trans Formers, but see full list of contributors⁷ including Stonewall, PHSE Association, Sex Education Forum and various schools.

Year of Publication: Third edition, September 2018 (first edition, 2014).

Uncovering RSE and Exposing Harms

Main concerns & highlights:

On suicide, it is said: “Some studies find trans young people to be at an increased risk of self-harm and suicide. Therefore, there is a moral imperative to ensure effective support.”⁸ The reference to “some studies” is not a basis upon which a general scientific conclusion may be drawn. While some studies may highlight certain risks, this cannot be treated as a generalisation about transgenderism and actual suicide or risk of self-harm.

Rather, the reference to ‘some studies’ seems designed to suggest that unless people, thought to be transgender, receive transitioning treatment, they will probably commit suicide or be at risk of self-harm. But a causal link has not been proven between having sex-reassignment surgery, and experiencing no more suicidal thoughts or attempts.

According to a long-term, follow-up Swedish study of people undergoing sex-reassignment surgery,⁹ there was shown to be an increased risk of suicide attempts and psychiatric care. After sex reassignment surgery, there was a considerably higher risk of mortality, suicide behaviour and morbidity, compared to the general population. Critics often argue that it is ‘internalised homophobia’ that drives LGBT people to suicide. Yet Sweden is a country with a known culture of liberalism, so this argument is unconvincing.

Gender questioning children

Providing support to a “gender questioning child or young person does not signal that they are or will be trans or that if they are trans that they will conform to any single trans identity or follow any particular path of transition”.¹⁰ Ideological groups, whose goal is to implement their dogma regardless of consequences, cannot be entrusted with the welfare of children.

Guidance from the Department of Education (DfE)¹¹ issues a number of warnings about how gender is treated in the classroom, while cautioning against messages from groups that place potential pressure on children with possible gender dysphoria to see themselves as the opposite sex:

“We are aware that topics involving gender and biological sex can be complex and sensitive matters to navigate. You should not reinforce harmful stereotypes, for instance by suggesting that children might be a different gender based on their personality and interests or the clothes they prefer to wear.”

The Government now appears to recognise the harm generated by stereotyping children in the transgender context. Evidence suggests that treating a child as transgender encourages subsequent transition, beginning with puberty blockers, followed by the administering of cross-

Uncovering RSE and Exposing Harms

sex hormones, and finally, possible surgery. As the NHS and other authorities show, these practices carry adverse medical harms, as well as unknown risks to health.

[Read VfJUK's Briefing: 'Changing Gender' – Exposing Medical Harms and Risks: What do the authorities say?](#)

The Government Guidance goes on to say: “Resources used in teaching about this topic must always be age-appropriate and evidence based.” Scientific evidence tells us that the rational part of a teenager’s brain is not fully developed until the age of at least 25,¹² if not later.¹³ It is inappropriate, therefore, for children to make major and hazardous, life-changing decisions, that cannot be reversed – especially given that, in the course of growing up, they notoriously ‘change their minds’.

Voice for Justice UK considers that telling a suggestible child, whose brain is at its halfway point of development, that they can choose their gender - which might be at odds with their birth sex - is exploitative and a form of abuse. Encouraging them to undergo treatment, whether medical or surgical, could all too easily cause lasting regret.¹⁴

Children take the lead

The Toolkit presents what it calls its “underlying principles and messages” which includes, “Listen to the child or young person and wherever possible follow their lead and preferences.”¹⁵

Research shows that a majority of children, if left alone and affirmed in their birth sex, will eventually accept and be happy with their bodies.¹⁶

Involve parents

“Communicate, involve and support parents and carers as much as possible without breaching the confidentiality of the child or young person”.¹⁷ Note how this urging of engagement with parents is conditional. As primary educators, it ought to be assumed that parents have an automatic right to be informed of all pertinent information relating to their child.

Gender is on a spectrum

“Be ready to see gender as a spectrum that is broader than male and female”.¹⁸ This sets the tone for the document, presenting radical gender ideology and choice as fact.

Children and young people should, it is stated, be “given opportunities to say how they identify or describe themselves rather than labels being ascribed to them.” The terms included here for possible use are: trans, gender queer, gender fluid, non-binary, “both male

Uncovering RSE and Exposing Harms

and female (this may be at the same time or over time)", being "either male or female", "a third gender".

In anticipation of people inventing new identity terms that are not yet coined, the document's authors point to those who "who have a gender identity which we do not yet have words to describe."¹⁹

As noted above, the Government Guidance states that it should not be suggested "that children might be a different gender based on their personality and interests or the clothes they prefer to wear." The Trans Toolkit clearly urges teachers to give "opportunities" to children to say how they identify, which can include trans, gender fluid, non-binary or being either male or female. Children, may therefore, be actively pushed along the transgender path. The Guidance warns schools not to work with external agencies that take this route.

As a term, 'trans' is treated in the Toolkit as a wide, umbrella term and includes anyone describing themselves in the terms stated above, including those who cross-dress.²⁰ The Toolkit clarifies that "we have not included it for the purposes of this guidance as many young children will 'dress up' in clothes which are seen as stereotypically intended for the 'opposite' gender and this alone would not mean they were trans. In this toolkit we are keen to avoid this confusion".²¹

The Toolkit authors would, no doubt, be keen to point to this section, and argue that it is not being assumed that children who dress-up are being treated as transgender. This is a specious argument. Children should not, as the Toolkit urges, be "given opportunities to say how they identify or describe themselves rather than labels being ascribed to them". To speak critically of having the label 'male' ascribed to a boy, is ideological nonsense. The label serves the purpose of describing biological fact, observable, and not just something that is "assigned" to the child by adults.

Non-binary

This is said to be another umbrella term for people identifying as neither exclusively male nor female. It includes people identifying as "both male and female, neither male nor female, or as another gender identity." Confusingly, the Toolkit states that the non-binary group, though under the trans umbrella, "may not consider themselves trans." As a term of address, people identifying as non-binary people may use 'they' as a pronoun.²²

Uncovering RSE and Exposing Harms

Transphobia

“Transphobia can be defined as an irrational fear, hatred and abuse of trans people and of those who do not conform to traditional gender norms. It can be linked to sexist and stereotypical ideas about what it means to be a man or a woman.”²³

On this basis, appreciation of traditional patterns of male and female may be construed as sexist and transphobic. Consider Christian-themed portrayals of men and women in the Bible, though non-religious parents can hold to similarly ‘traditional’ ideas of gender. Are parents who want to protect their children from medical, irreversible harms also transphobic? This radical and intolerant ideology that wants to silence science, would treat such reasonable and protective parents as transphobic. For further information, read [VfJUK’s Briefing](#).

Further strands to the Toolkit’s definition of transphobia, are said to “take many forms including direct or indirect pressure on trans people to conform to their assigned sex and can include sexist or sexualised bullying and abuse.”²⁴ According to this broad definition, parents who refrain from or hesitate in treating their boy as a girl as transgender, and vice versa, are likely to be deemed guilty of “transphobia”.

There is not a single mention of therapeutic support that could provide “talking therapy” that helps people accept their own body, and learn to be at peace with themselves. Instead, the uncritical assumption, driven by ideology, is that *only* gender transitioning is the answer. Gender transitioning for children may begin with the administering of puberty blockers, followed by cross-sex hormones. The possibility of gender reassignment surgery can only be done from aged 18, though with parental consent, some children have had reassignment surgery.²⁵ Legal recognition of a person’s new gender can be either medical or social. The former involves some or all of the medical interventions associated with gender change, while the latter only involves social aspects of “living” as the opposite gender.

Children should never be exposed to a pathway on which they may be exposed to any of the risks of medical harms and unknown side-effects. Read [VfJUK’s Briefing](#).

Confusingly, the government has unhelpfully raised doubts about the clear legal position that gender reassignment surgery is not permitted for under 18s.²⁶ Read the [Government Response published by the Department for Health and Social Care](#),²⁷ to [VfJUK’s petition that called for a ban on all medical interventions for under 18s](#).

Safeguarding Children

It is claimed, on the one hand, “There are no specific provisions in child protection and safeguarding legislation specific to trans children and young people aside from what is in place

Uncovering RSE and Exposing Harms

to keep all pupils and students safe.” While in the subsequent paragraph, it states that in the context of DfE statutory safeguarding guidance, it “may include covering relevant issues through personal, social, health and economic (PSHE) education.” It adds: “Given the prevalence of bullying of trans and gender questioning pupils, learning about gender identity should be considered under this obligation.”²⁸

A concerning issue is that as PHSE begins from 5 years of age (at Key Stage 1), young impressionable minds are having ideological ideas presented as fact, that have the potential to confuse them in their developing gender identity. This is at a time when childhood development of identity is in its early phase of development, rendering the child, by definition, unable to grasp what is being taught. Presenting dogma to children, as if it were fact, only serves to indoctrinate and subvert the phases of childhood development. The idea that people can “change” their gender has the potential to confuse and unsettle children. For this idea to feature in PSHE and relationships and sex education (RSE) more generally, is itself a safeguarding issue.

Children typically experience a variety of vulnerabilities as they develop their personalities and aptitudes, while discovering themselves and finding their place in the world. Scientific evidence tells us that the rational part of a teenager’s brain is not fully developed until the age of at least 25,²⁹ if not later.³⁰ Therefore, big decisions, whose consequences are lifelong, irreversible and with potential medical harms and risks, should not be expected of pre-teens or teenagers.

LGBT History Month

When parents and others are told by schools about visits from Allsorts Youth Project or plans for LGBT History Month, the Toolkit provides advice about the use of recommended language:

“Educational settings will want to communicate the work they are doing in this area to the wider school or setting community and are advised to do this in the context of other equality work. For example, when explaining work for LGBT History Month or informing parents or carers of a visit from Allsorts Youth Project will want to use language such as; ‘As part of our work to promote our school value of respect we are...’ or ‘As part of our ongoing commitment to improving equality we are...’.³¹

In line with its radical ideology, the language is intentionally framed in terms of “equality”, in the hope that public empathy with “equality” will close down other questions, even where health is concerned. One particular version of “equality” is therefore being presented as a dogma, while intentionally masking the grave health risks associated with gender transitioning.

Uncovering RSE and Exposing Harms

What is a whole settings approach?

This is an environment where trans people “feel equally welcomed and valued. If this approach is taken then negative responses to trans pupils, students and staff in the school community will be prevented or minimised. Effective whole school approaches will also create a space where children and young people feel able to come out as trans and or transition.”³²

Schools are urged to use, among other things, the curriculum strands of spiritual and moral development, as vehicles for promoting trans ideology, while also breaking down what they regard as gender stereotyping. This may be translated to include: preventing all attempts by parents (or teachers) to affirm a child in their biological sex, where the school might otherwise treat them as the opposite sex. A whole settings approach to trans ensures the:

“curriculum and in particular PSHE education and work related to spiritual, moral, social and cultural development is used to challenge gender stereotypes, support the development of gender equality, develop a positive understanding of gender identity and prevent sexism and transphobia”³³

LGBT History Month and Transgender Day of Visibility

Trans inclusion whole setting approaches are said to include: “Participating in events such as LGBT History Month and Transgender Day of Visibility and ensuring the visibility of trans people and their achievements”³⁴

The Toolkit gives the apparent impression that trans people are such a sizeable minority of the UK population that this merits the attention being urged on school time and resources. Yet the government admits it has no idea how many transgender people there are, though estimating there are a few hundred thousand. In answer to the question, how many trans people are there, the Government Equalities Office states: “We don’t know. No robust data on the UK trans population exists. We tentatively estimate that there are approximately 200,000-500,000 [out of a total population of 67 million] trans people in the UK. The Office for National Statistics is researching whether and how to develop a population estimate.”³⁵

PE Policy & Changing Rooms

The Toolkit recommends a PE and Physical Activity Policy that includes “how trans pupils and students will be supported to participate” and “enabled to access changing facilities where they feel safe and in line with their gender identity if this is their wish.”³⁶

In these circumstances, a boy may use a girl’s changing room, if he feels he’s a girl, thus being allowed to enter female-only spaces. The right of girls to feel safe and secure physically and

Uncovering RSE and Exposing Harms

emotionally in their own spaces is therefore being shamelessly violated in the name of an ideology.

VfJUK believes that schools who follow this recommendation will be in breach of their general safeguarding duties. Schools are automatically under a legal duty of loco parentis, a responsibility that entrusts the welfare of the children to a school. Parents have delegated their authority to the school, and hold a reasonable expectation that the school authorities will take all possible measures to protect their children from foreseeable harm. Allowing girls to share changing rooms with boys is a gross violation of this trust.

Suggested “policy” for PSHE & RSE

The Toolkit recommends that PSHE and RSE policies should include how “programmes support understanding of trans identities and are inclusive of trans children and young people.”³⁷

Trans and Safeguarding

The Toolkit claims: “Being trans is not a safeguarding issue”³⁸

We should read this claim against the health context of what the NHS has to say about medical harms and unknown risks, including concerns raised by the Royal College of General Practitioners. [Read VfJUK’s Briefing.](#)

Denial of male and female

Teaching, learning and behaviour policies, it is advised, should “actively discourage unnecessary grouping or seating by gender, whilst making clear how single gender groupings will be sensitively managed when deemed necessary to support learning...”³⁹

Children, regardless of whether they are treated as trans, are therefore not to be grouped according to male or female within a school setting, unless “deemed necessary to support learning”. This proposal shows how ideology is dictating that it is generally wrong to group girls and boys in their respective gender groups. The Toolkit’s own professed purpose is, among other things, to challenge what it calls, gender stereotyping and sexism.⁴⁰

Staff training: correct use of pronouns and names, etc

It is recommended that, every two years, school staff should be “provided with training which will develop confidence in understanding gender and trans presentation, terminology and vocabulary e.g. correct use of pronouns and names, and in challenging gender stereotypes, sexism and transphobia.”⁴¹

Uncovering RSE and Exposing Harms

Binary notions of gender must be “challenged”

“Educational settings will need to ensure that the curriculum, assemblies and environment are all used to prevent [and] challenge gender stereotypes, sexism and binary notions of gender. Gender stereotyping is unhelpful and damaging as sexism leads us to believe that boys and girls should present themselves in certain ways and impacts on the inclusion, wellbeing and aspirations of all genders.”⁴²

To challenge “binary notions of gender” is to deny the biological reality of the existence of two genders, male and female.

Possible police involvement in transphobic bullying

“There may be occasions where transphobic bullying has wider safeguarding implications, or involve criminal behaviour, and in these cases schools need to engage the appropriate safeguarding agencies and/or the police.”⁴³

All forms of violence are always wrong and all sound and appropriate measures should be deployed to protect children from harms. However, the Toolkit’s advice is easily capable of ambiguity and could prompt school staff to call in the police unnecessarily, when the issue is just a child’s “bad behaviour” that is typical or expected of unruly children, but not worthy of police time, investigation and resources. It risks criminalising the indiscretions of childhood and is an irresponsible use of public funds.

Language as a tool of indoctrination

Staff must use the name the child wants:

“In general, staff should think carefully about the language they use and when possible attempt to use language which does not reinforce a binary approach to gender (i.e. there are just males and females). Using ‘they’ as a pronoun or the term ‘all genders’ are examples of inclusive language”.⁴⁴

Staff who recognise that biological facts cannot be altered in deference to political correctness, are being encouraged to adopt ideological language, and in effect, urged to promote lies to children.

Using language of “boys and girls” is discouraged

In further examples of trans ideology permeating the whole culture of a school, the Toolkit states: “Staff could reflect on the use of language such as ‘ladies’ and ‘gents’, ‘girls’ and ‘boys’ to describe groups of pupils or students. Firstly, a trans boy who is referred to as a girl or a trans girl who is called a boy will feel excluded by this language. Secondly, the language of

Uncovering RSE and Exposing Harms

‘ladies’ or ‘gents’ may give an implicit message about what it is to be a woman/man and therefore reinforces certain stereotypical ideas of femaleness/maleness. It may be preferable to say ‘come on Year 8’s, off to your lesson now’ or ‘come on pupils, time to get on with your learning’.”

It is subsequently said that the purpose underlying this language “is not to deny gender as an important part of our identity...however, care needs to be taken to avoid excluding those who do not see themselves as male or female or make assumptions about someone’s gender identity because of how they appear. It also supports inclusion of non-binary members of the community...”⁴⁵

We might ask: If one child in school is an amputee, would it be wrong, for teachers to teach in biology class that humans have two legs, two arms etc? This is a fact, even though some people happen to be amputees. Radical gender ideology attempts to bend, falsify and conceal the facts of biology, so that descriptions of reality are tailored exclusively according to their dogma.

Discouraging teachers from using the language of “boys” or “girls” takes radical gender ideology to new heights of idiocy.

Staff are asked to consider “how to make it clear that a child who feels safe ... can be grouped according to their gender identity rather than their assigned sex.”⁴⁶ If only one child in a school is deemed, for example, as “non-binary”, does this mean that the child will be grouped in isolation? The Toolkit provides no clear answers.

LGBT people should be celebrated

“The curriculum should be used to explore and raise awareness of issues of assigned sex, gender identity, sexual orientation and transphobia and to make visible and celebrate lesbian, gay, bisexual and trans people.”⁴⁷

Emphasis on “assigned sex” in place of “sex” or “biological sex” is a judgment (ideology) whereas “biological sex” is a fact of nature (biology).

Advocates of celebrating LGBT often point out that it is all about respect for other people, which happens to be an integral part of the law.⁴⁸ If it were about respect for others, and nothing else, there would be no objections. But the truth is that celebrations of an ideology, as opposed to respect for people, is being intentionally conflated under the banner of equality.

Uncovering RSE and Exposing Harms

Gender Grouping is discouraged

The Toolkit repeats the theme about grouping according to gender: “There may be times when single gender work is needed. This may include aspects of relationship and sex education or to support the learning needs of particular groups (e.g. boys and literacy). Providing a clear need is identified, the Equality Act allows for such provision.”⁴⁹

The dangerous implication here is that allowing “single gender work” (grouping boys together as a group and doing the same with the girls) would be an exception to the rule. In other words this shouldn’t, as a rule of thumb, be done.

In RSE, don’t say “all” boys have a penis but “most”

“In labelling the genitals make it clear that most rather than all boys have a penis and testicles and most rather than all girls have a vulva and vagina”⁵⁰

This is the equivalent of denying the claim that humans have two legs and two arms. While some humans may be amputees, this does not make the standard claim that “humans have two legs and two arms” false, in the everyday use of the phrase. But gender ideology, like all ideologies, sees reality as inconvenient.

In RSE, encouraging children to doubt they are a boy or girl

“Present sexual health information with an awareness that for trans young people their body may not represent their gender identity”⁵¹

In encouraging children to question or doubt the reality of their body and its corresponding gender identity, the Toolkit is promoting to children false and harmful ideas. It also appears to defy the purpose underlying the latest Government Guidance on planning the RSE and health curriculum: “...teachers should not suggest to a child that their non-compliance with gender stereotypes means that either their personality or their body is wrong and in need of changing...”.⁵² If children are presented with the doubt that they may be in the ‘wrong body’, such an idea undermines the broader principle of child protection underlying this part of the Guidance. Further into the document, there is an active push to treat children as trans, for example a boy, who is “comfortable” in a dress, is treated as a girl. See p. 12: **If a boy is comfortable in a dress, “she” is empowered.**

Trans men “may” have a cervix

“Remember that some screening procedures (i.e. cervical screening) may be relevant to trans men”.⁵³

Uncovering RSE and Exposing Harms

This is confusing on two levels. First, it allows for the possibility that the cervix can be removed from a girl (born female) as part of gender reassignment. It is rightly stated: “Surgery isn’t available to under 18s.”⁵⁴ Yet, as noted above, the Government has opened up doubts about the legal application of this principle.⁵⁵ This appears to be legally prohibited if done as part of gender transitioning.

Second, it confuses children, girls especially, about who exactly has a cervix.

In RSE, validate children in their chosen gender identity

“If you know you have a trans child in the class some pre-planning and 1 to 1 support may be necessary to ensure the child gets the information they need in a way that feels validating to their gender identity”.⁵⁶ “An initial conversation needs to show them that their experience is validated and supported.”⁵⁷

“How to support a child or young person who wants to transition”⁵⁸

Distinctions are made between the social and medical aspects of gender transitioning. The idea that will confuse children is: you can keep your genitals if you want to (social transition only), and still be treated as the opposite sex.

Social transitions include a change in pronouns that can include “they” and “zie”.⁵⁹

Children deemed to be trans can use toilets and changing rooms “appropriate to their gender identity”.⁶⁰

As noted above, girls in female-only only changing rooms are being placed at risk.

Advertising the Tavistock Clinic

“Medical transition is the process by which a trans person takes steps to physically alter their body. This happens under the care of the Tavistock and Portman’s Gender Identity Development Service. This may include: • Hormone blockers • Hormones (testosterone or oestrogen)...”⁶¹

The NHS now admits they don’t know the long-term effects of puberty blockers: “Little is known about the long-term side effects of hormone or puberty blockers in children with gender dysphoria.”⁶² [For more information about the harms and risks to health involved in gender transitioning, read our Briefing.](#)

Uncovering RSE and Exposing Harms

Children aged 5-16 in trans support groups

The Toolkit targets children from aged five who are said to be trans or gender questioning. They can, the Toolkit says: “meet in a comfortable and confidential setting and participate in activities with others who may be experiencing similar feelings around gender identity.”⁶³

Parents allowed to take the lead, only if they agree with trans ideology

“Follow the lead of the child, young person and if appropriate their family and protect confidentiality”⁶⁴

This message can be translated as: children, not adults, take the lead; and only involve the family, if they agree with trans ideology.

If a boy is comfortable in a dress, “she” is empowered

Staff are told in the context of their training that a pupil identifying as a girl is “not a ‘boy dressed as a girl’ but is a girl.” When a child thought to be transgender wears clothes “they feel comfortable with, schools empower them to express themselves by bringing their outward appearance in line with that of their internal gender identity.”⁶⁵

Here, the Toolkit is in clear breach of Government Guidance (as of September 2020) that warns schools against using groups who produce materials suggesting “non-conformity to gender stereotypes should be seen as synonymous with having a different gender identity”.

The Guidance advises: “You should not reinforce harmful stereotypes, for instance by suggesting that children might be a different gender based on their personality and interests or the clothes they prefer to wear.”

Neither, the DfE warns, should schools “work with external agencies or organisations that produce such material.”⁶⁶

Staff training for SEND pupils

“Be aware of and sensitive to the additional difficulties faced by pupils due to sensory differences, e.g. in maybe not being able to tolerate wearing chest binders etc. and the emotional impact of this.”⁶⁷

Children with SEND are those with special educational needs and disability. Inevitably, this will include children with higher than normal levels of vulnerability, and thus exposes such children to ideas with harmful, lifetime consequences. [Read VfJUK’s Briefing: ‘Changing Gender’ – Exposing Medical Harms and Risks: What do the authorities say?](#)

Uncovering RSE and Exposing Harms

Not treating a (real) boy as a “girl” who is transitioning can be “harassment”

“If a mistake is made with a name or pronoun then this can be apologised for. Intentionally not using a person’s name or pronoun that they have asked for can constitute harassment.”⁶⁸

The Toolkit authors hope that in introducing legal threats of harassment, it will deter, and ultimately force schools into obedience.

Gender fluid children may change their identity daily

“Gender fluid children and young people may express their gender identity differently on different days. Staff will need to establish with them an agreed sign for what name or pronoun they are using on a given day. Some young people have worn badges for this purpose.”⁶⁹

This could mean that on Monday, a child is known as Mike, on Tuesday, they are Kate, and on Wednesday they declare to staff that they feel non-binary, only on Thursday to revert to Mike again. If this example appears far-fetched, one case was heard by an Employment Tribunal that recognised an engineer was discriminated against on the basis of being gender fluid and non-binary.⁷⁰

Deed poll name change unnecessary

Pupils have “the right to be addressed by a name and pronoun that corresponds to their gender identity. A change of name by deed poll is not required to make a change to school records on school database systems such as SIMS.”⁷¹

Disclosing “trans” status of child to parents could be “illegal”

“All people, including children and young people, have a right to privacy. This includes the right to keep private one’s gender identity at school. Information about a pupil’s transgender status, legal name, or sex assigned at birth may also constitute confidential information. Staff should not disclose information that may reveal a pupil or student’s trans status to others, including parents, carers and other members of the school community unless legally required to do so or because the child or young person has agreed for the information to be shared.”⁷²

Parents, though they remain the primary educators of their children, are potentially being excluded from important information about their child’s circumstances. While schools will eagerly point to the UN Convention on the Rights of the Child (right to privacy) as ratified by the UK in support of their policy, this clearly violates the time-honoured legal principle of *loco parentis*.

Uncovering RSE and Exposing Harms

Requirement of child's permission

“Confidential information must not be shared even with the parents and carers without the child or young person's permission unless there are safeguarding reasons for doing so.”⁷³

Toilets and the Equality Act

“Pupils and students are supported through the Equality Act to access the toilet that corresponds to their gender identity; so trans girls because they are girls, can use the girls' toilets and trans boys the boys' toilets.”⁷⁴

“Any pupil or student who has a need or desire for increased privacy, regardless of the underlying reason (disability, trans, non-binary, faith) should be provided access to a single stall toilet, but no pupil or student should be required to use such a toilet.”⁷⁵

This application of the Equality Act is legally wrong. Children are not legally permitted to change their sex, and so do not fall within the protected characteristic, as set down in the Equality Act, of gender reassignment.

Males can use female changing rooms

The theme of changing rooms is repeated again: “In all cases, trans pupils or students should have access to the changing room that corresponds to their gender identity.”⁷⁶ Other children, regardless of them being trans, can be given a “reasonable alternative changing area”.⁷⁷

PE & Fitness: males could play with girls (account is taken of size & build)

“Schools and educational settings should aim to reduce as far as possible segregating pupils and students by gender. Trans pupils and students should be supported to equally access PE and where lessons are segregated by gender should be enabled to participate in the activity which corresponds to their gender identity if this is what they request. Where pupils or students are separated by gender, PE teachers will take into account the range of size, build and ability of individuals in the class and differentiate accordingly to keep all students safe.”⁷⁸

Teachers are being asked to apply a damage limitation exercise, in judging the size, build and ability of, for example, the males who will play with a female (treated as trans male) in rough games, that could expose her to the harmful rough and tumble accustomed to boys' games.

Participation of trans children in sport competitions

“Trans and gender questioning pupils and students should be permitted to participate in competitions and sports days in a manner consistent with their gender identity if they wish to do so.”⁷⁹

Uncovering RSE and Exposing Harms

Sleeping arrangements on residential trips

“As far as possible, trans pupils and students should be able to sleep in dorms appropriate to their gender identity. Some trans children and young people may not feel comfortable doing this and in such cases alternative sleeping and living arrangements should be made.”⁸⁰

Children going through medical transition

“Most support for trans children and young people in schools will be around the social aspects of transition. Only some trans people will want to be able to access medical transition whilst still at school and it will be the case that for any young person undergoing medical transition, there will be an impact on their time at school.”⁸¹

Medical transition for pre-pubescent children will typically involve being given puberty blockers. The idea is that by delaying the onset of puberty, it allows “time” for the child to decide which gender they are “choosing”. Cross-sex hormones may also be used on children as part of medical “transition”. Social “transition” involves living “as the opposite sex, for example, a male wearing woman’s clothes and using make-up.

Referrals to GIDS & Issue of Age⁸²

- “Parental consent is required for referrals for under 16s.”
- “Currently the child must be around the age of 16 to receive hormones.”
- “Gender reassignment surgeries would not usually be carried out until a person is over 18 years.”

This isn’t necessarily being adhered to when we consider the Government’s confusing message. As noted earlier, the Department for Health and Social care appears to believe (as of February 2018) that in some cases, surgical interventions for under 18s undergoing gender reassignment are permitted. [See the Government Response to VfJUK’s Petition calling for a ban on medical interventions for under 18s.](#)

A message signposting the reader to the Tavistock Clinic:

“It is possible to access doctors and treatments over the internet and some families choose to do this because of long waiting times. However going through the Tavistock Clinic provides the most comprehensive assessment for under 18s.”

Uncovering RSE and Exposing Harms

Serious concerns from Tavistock staff about diagnoses being driven by undue pressure have now become public. Of 35 psychologists who resigned from the Clinic between 2016-2019, six had raised concerns that they were under pressure to over-diagnose and were not able to therefore assess patients correctly, because of a fear not to appear transphobic.⁸³

One of the psychologists said anonymously: "Our fears are that young people are being over-diagnosed and then over-medicalised." They added: "We are extremely concerned about the consequences for young people... For those of us who previously worked in the service, we fear that we have had front row seats to a medical scandal."

Another psychologist said: "The alarm started ringing for me... I didn't feel able to voice my concerns, or when I did I was often shut down by other affirmative clinicians. Looking back there are young people who I now wouldn't necessarily put on medication."

Scripted answers in face of parental concerns⁸⁴

The Toolkit provides examples of template answers for use by schools, in the face of criticisms or concerns from parents:

1. **"Parent to school: 'All this talk about gender identity is confusing for children; they are too young to understand.'** [Emphasis original]

"A small minority of children have a very clear understanding that their assigned sex does not align with their gender identity from a young age. Work in educational settings to challenge gender stereotyping and to explore a range of gender identities makes schools safer and more inclusive for all genders, not just those who are trans. For children who are comfortable in the gender assigned at birth there is no confusion."⁸⁵

Regardless of whether a child has what is claimed to be a "very clear understanding" (this would be difficult to prove or disprove), what *is* clear are the lifelong health risks, both known and unknown, following medical interventions, and the irreversibility of decisions involving gender reassignment (whatever strand of medical intervention this includes).

The Trans Toolkit authors ignore the scientific evidence that tells us about the rational part of a teenager's brain not being fully developed until the age of at least 25,⁸⁶ if not later.⁸⁷ Therefore, big decisions, whose consequences are lifelong, irreversible and with potential medical harms and risks, should not be permitted of teenagers. Children typically go through different phases, as they develop their

Uncovering RSE and Exposing Harms

personalities and aptitudes, while discovering themselves and finding their place in the world.

2. **“Parent to school: ‘My daughter doesn’t want a boy changing next to her, what if he looks at her body?’** [Emphasis original]

“Underpinning this scenario is the idea that a trans girl is not a ‘real girl’ and this would be something that a whole setting approach would challenge through training and awareness raising. A Human Rights response would be to state that the child is a girl and as such has the right under the Equality Act to change with the girls and to be treated fairly as such.

“In response to this parental concern, it would not be appropriate to remove the trans pupil from the changing rooms, but to work together with the parent raising a concern and their child to find a different solution.”⁸⁸

It is a misleading and false argument to appeal to the “Human Rights response”. There is no “human right” for a child to “transition”, neither in the Human Rights Act 1998, nor the European Convention on Human Rights. Furthermore, according to the UK parliamentary statute governing the legal rules of gender reassignment, legal recognition of a new gender (or “reassignment”) is not available to under 18s.⁸⁹

A genuine worry for parents is that their concerns would likely be dismissed, if they are perceived to oppose trans ideology. What is clear from the Toolkit’s recommendation is that parents should be spoken to, with a view to them *changing* their perspective, regardless of their own views and legitimate concerns for their child’s long-term health and wellbeing. In the face of the facts of lifelong medical harms and risks (known and unknown) for those undergoing medical transition, ideologues can no longer convincingly appeal to “equality” or “diversity”: the clear medical facts must prevail over the trans ideology, whose primary *modus operandi* is to parrot a script of “equality” and “diversity”.

3. **“Parent to school: ‘It’s not fair that he enters the 100 metres race for girls when he is a boy’ or ‘Won’t she get injured playing rugby with boys?’** [Emphasis original]

Uncovering RSE and Exposing Harms

“Underpinning this scenario is the idea that all boys or all girls share the same physical attributes and fails to acknowledge that there is a range of differences in physical strength and ability within single gender groups. Trans boys are boys, not girls, and therefore entitled to play rugby with boys and in consultation with relevant sporting bodies. Teachers already differentiate according to ability.

“Trans pupils and students are entitled to access sporting opportunities equally to cisgender pupils and students.

“Further guidance can be sought from sporting bodies.”⁹⁰

Parental concerns about their girl placed at risk by a male (trans girl) being rough and heavy-handed is valid but this legitimate parental anxiety is effectively ignored. The school is urged, in the advice provided, to vindicate itself by appealing to authority: “Further guidance can be sought from sporting bodies.”

4. “Parent of a trans and gender questioning pupil to the school. ‘I refuse to allow my son to change his name or wear skirts’. [Emphasis original]

“...The vast majority of parents and carers do their best to work alongside their child and can be reminded that a change of name, pronoun or dress does not necessarily mean their child will follow any particular path into the future.”⁹¹

No evidence is provided for the claim that the “vast majority” of parents, effectively agree with what is happening. It is a convenient assumption.

How to deal with “problem” parents:

Schools are told that their duty of care is with the child, and it needs to be accepted that in “some cases school may be the only place the child feels safe to be themselves. Educational settings can offer a safe space with a trusted adult for the child to discuss their feelings and thoughts about their gender identity in the same way support would be offered to any vulnerable child. The child can also be reassured that you will continue to work with them, their parents and other relevant professionals to ensure their voice is heard.”⁹²

Uncovering RSE and Exposing Harms

Note the reference to the school's duty of care to a child, yet, no mention is made of the fact of *loco parentis*, as noted above (pp. 7, 14). The messages conveyed in this part of the Toolkit are:

- Child safety may only be found at school, if and where a child cannot “be themselves” at home. An assumption is being made about the child's psychology. It therefore depicts parents as problematic, if they express their legitimate concerns for their own child's long-term health and wellbeing.
- Where the school believes that its understanding of the child's gender identity is right, and the parent's attitude is wrong, this effectively means the school's legal obligations to act in *loco parentis* are being ignored. As with the instances cited above, parents are again being airbrushed from key parts of their child's life.

The Toolkit goes on to warn that in some cases, safeguarding procedures may come into operation. If a school follows a purely ideological perspective on gender, it is not difficult to see how parental caution about their child being treated as the opposite gender could get a hostile response. The Toolkit states:

“If a setting has a significant concern about the child's wellbeing and or safety in relation to how the parents or carers are managing the exploration of the child's gender identity it may be necessary and advisable to follow safeguarding procedures.”⁹³

While the Toolkit is keen to point out child wellbeing and safety, it is entirely silent on the medical harms and risks (known and unknown) involved in gender reassignment. [Read VfJUK's Briefing: 'Changing Gender' – Exposing Medical Harms and Risks: What do the authorities say?](#)

Teachers who refuse to use preferred pronouns should face “staff codes”

- **“A member of staff has been informed of a child's pronoun and name change but continues to use their original name and pronoun, despite being reminded by the child in question. *Emphasis original***

“Mistakes can be made with names and pronouns and if a mistake is made the member of staff should apologise and then move on. If it becomes clear that a staff member is deliberately using the incorrect name or pronoun for a pupil or student, settings should follow their own systems for managing staff codes of conduct to address the issue.”⁹⁴

Uncovering RSE and Exposing Harms

By urging schools to follow staff conduct codes, this suggests teachers who treat a child according to their birth sex, may face disciplinary action or dismissal; their ‘wrongdoing’ is merely wanting to protect the child from decisions which have harmful and irreversible consequences.

For some, exploring gender identity will pass over time, but not for all

- “Everyone has a right to exploration and for some children and young people exploring gender identity is a part of understanding themselves and will pass over time. For others this is the start of a longer journey of transitioning. It is vital that when a child or young person is exploring themselves they feel safe, are supported and are listened to by the people around them.”⁹⁵

Children typically go through different phases as they develop their personalities and aptitudes, while finding their place in the world. For most gender confused children, if left alone, these issues will resolve naturally, and by puberty they will be entirely happy with their birth sex. For the very small minority for whom this is not the case, gender reassignment may later become their chosen pathway. But it is impossible to know in advance which child will be in that minority group. And in any event, affirming a child as the opposite sex risks placing them on a potential medically perilous pathway, involving the administering of puberty blockers and cross-sex hormones.

Recognition that transitioning treatments are “irreversible”

The Toolkit authors, despite pushing for a raft of ideologically driven measures in this document, recognise, in the closing pages, the fact of irreversible treatments:

“Due to the age limits currently in place on hormone treatment (testosterone and oestrogen) under 16s do not have access to irreversible treatments.”⁹⁶

This is further followed by a section called, “Support for schools and colleges to develop trans inclusive practice.”⁹⁷ Contact details are given for those wanting further support.

Call to Report “perceived hostility” to police

Of “prejudice-based incidents”, it is said: “This is a one-off incident which is perceived by the victim or any other person, to be motivated by hostility, prejudice or ignorance, based on a person’s perceived or actual ethnicity, sex, disability, religion, beliefs,

Uncovering RSE and Exposing Harms

sexual orientation or gender identity or their association with someone from one of these groups. These can also include indirect prejudice driven behaviour that is not targeted at one individual. The impact of this expression of prejudice against an equality group whether intentional or not can be damaging and must therefore be responded to as a prejudice related incident.”⁹⁸

“‘Hate Incidents’ is the term widely used by the police and other sectors to describe prejudice based incidents. Schools should be aware that at their most serious both bullying⁹⁹ and prejudice-based incidents should be reported to the police.”¹⁰⁰

Unfortunately, the realm of ‘hate crime’ so often gets conflated with ‘non-crime hate incidents.’ This latter category has been created by the police,¹⁰¹ and includes incidents that are found by them not to satisfy the criteria of a hate crime, but nevertheless are, bizarrely, thought to merit scarce police time and resources. The College of Policing recommends that when an investigation establishes that a criminal offence has *not* occurred, yet the victim “perceives that the incident was motivated wholly or partially by hostility, it should be recorded and flagged as a non-crime hate incident.”¹⁰²

Where questions of possible crime are concerned, it is unhelpful, even dangerous, to apportion too much weight to the perceptions of the victim. In line with the best of English legal tradition involving tests of liability or guilt, objective criteria would be best, because they are specific, allow for accountability, and are a safeguard against arbitrary claims, whose motives may or may not be reasonable.

- **Challenging ‘dissenters’ with scripted answers**

Below is a list provided by the Toolkit of typically scripted answers. Opinions differing from those of the trans ideologues are met with stereotypical put-downs, conversation-stops and shaming statements – all designed to silence and shun opponents.

Some of the examples given in the document include:

“• Language like that is not acceptable. • You might not think that remark is offensive, but many would. • What you are saying presents a very stereotypical view of what men and woman are like. • Homo/bi/transphobic language offends me. I don’t

Uncovering RSE and Exposing Harms

want to hear it again. • What you've said really disappoints/disturbs/upsets/angers me. • The anti-bullying policy says that homo/bi/transphobic language is not acceptable. • The school policy says that we are all responsible for making this a safe place for everyone. That kind of language is homo/bi/transphobic and makes people feel unsafe. Therefore it is unacceptable." ¹⁰³

Prejudice, bullying and transphobia will be logged

- "We will identify, record and challenge all prejudiced incidents and bullying including that which is sexist, homophobic, biphobic and transphobic."¹⁰⁴ *Emphasis original*

Uncovering RSE and Exposing Harms

References

¹ pp. 6-7.

² <https://rsereview.org/resources/trans-inclusion-schools-toolkit/> (Accessed 17 October 2020)

³ For an overview of what the case involved in relation to schools, see:

<https://www.transgendertrend.com/keira-bell-court-judgment-schools/>. The court judgment can be read at: <https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf>

⁴ *Bell v Tavistock and Portman NHS Foundation Trust* [2020] EWHC 3274 (Admin), para. 145.

⁵ p. 5.

⁶ Ibid.

⁷ p. 5.

⁸ p. 7.

⁹ <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0016885>

¹⁰ p. 7, 1.3.

¹¹ *Guidance: Plan your relationships, sex and health curriculum: Information to help school leaders plan, develop and implement the new statutory curriculum*, Department of Education, 24 September 2020, <https://www.gov.uk/guidance/plan-your-relationships-sex-and-health-curriculum#dealing-with-sensitive-issues>

¹² *Understanding the Teen Brain*, University of Rochester Medical Center, Health Encyclopedia: <https://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentTypeID=1&ContentID=3051> (Accessed 12 October 2020).

¹³ *Brain continues to develop into late 20s*: <https://ct.counseling.org/2011/09/brain-continues-to-develop-into-late-20s/> (Accessed 12 October 2020).

¹⁴ <https://news.sky.com/story/hundreds-of-young-trans-people-seeking-help-to-return-to-original-sex-11827740> (Accessed 12 October 2020).

¹⁵ p. 7, 1.3.

¹⁶ According to Thomas Steensma, gender clinician and researcher at the Center of Expertise on Gender Dysphoria in Amsterdam, follow-up studies show that between 65% to 94% of transgender children eventually grow out of their transgender identity by the time they reach their adolescence or adulthood. (<https://www.kqed.org/futureofyou/441784/the-controversial-research-on-desistance-in-transgender-youth>)

¹⁷ p. 7, 1.3.

¹⁸ p. 7, 1.3.

¹⁹ p. 8, 2.2.

²⁰ See definition of cross-dresser in Appendix 1.

²¹ p. 8

²² p. 9.

²³ p. 11.

²⁴ p. 11.

²⁵ <https://www.dailymail.co.uk/news/article-8247599/Under-18s-blocked-having-gender-reassignment-surgery.html>

Uncovering RSE and Exposing Harms

²⁶ See Gender Recognition Act 2004, section 1. For Explanatory Notes and a Summary of the Act, see: <https://www.legislation.gov.uk/ukpga/2004/7/notes#:~:text=The%20purpose%20of%20the%20Gen,by%20a%20Gender%20Recognition%20Panel>.

²⁷ Government response, *Voice for Justice UK's campaign about gender reassignment*, Department for Health and Social Care, 20 February 2018, <https://www.gov.uk/government/news/voice-for-justice-uks-campaign-about-gender-reassignment>

²⁸ p. 16.

²⁹ *Understanding the Teen Brain*, University of Rochester Medical Center, Health Encyclopedia: <https://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentTypeID=1&ContentID=3051> (Accessed 12 October 2020).

³⁰ *Brain continues to develop into late 20s*: <https://ct.counseling.org/2011/09/brain-continues-to-develop-into-late-20s/> (Accessed 12 October 2020).

³¹ p. 17, 5.2.

³² p. 17, 5.2.

³³ p. 17.

³⁴ p. 18.

³⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721642/GEO-LGBT-factsheet.pdf (Published 2018). (Accessed 28 September 2020)

³⁶ p. 18.

³⁷ See Policy Framework Table, p. 18.

³⁸ p. 19 and p. 29.

³⁹ p. 19.

⁴⁰ p. 7.

⁴¹ p. 19, 5.4.

⁴² p. 19.

⁴³ p. 20.

⁴⁴ p. 20, 5. 6.

⁴⁵ pp. 20-21.

⁴⁶ pp. 21-22.

⁴⁷ p. 21.

⁴⁸ See the government's guidance in relation to Ofsted's approach on school inspections, *Inspecting teaching of the protected characteristics in schools*, September 2020, <https://www.gov.uk/government/publications/inspecting-teaching-of-the-protected-characteristics-in-schools/inspecting-teaching-of-the-protected-characteristics-in-schools> (Accessed 29 September 2020)

⁴⁹ p. 22.

⁵⁰ p. 22.

⁵¹ p. 22. Intersex people are mentioned yet this group of people constitutes a decimal percentage of the population. It should not be conflated with sex more generally. Intersex people have ambiguous genitalia.

⁵² *Guidance: Plan your relationships, sex and health curriculum: Information to help school leaders plan, develop and implement the new statutory curriculum*, Department for Education, 24 September 2020.

Uncovering RSE and Exposing Harms

<https://www.gov.uk/guidance/plan-your-relationships-sex-and-health-curriculum#dealing-with-sensitive-issues>

⁵³ p. 22.

⁵⁴ p. 23.

⁵⁵ See the Government's response to a VfJUK petition calling for the ban of all medical interventions to under 18s: *Government Response: Voice for Justice UK's campaign about gender reassignment*, Department for Health and Social Care, 20 February 2018.

<https://www.gov.uk/government/news/voice-for-justice-uks-campaign-about-gender-reassignment>

⁵⁶ p. 22.

⁵⁷ p. 23, 6.1.

⁵⁸ p. 23, 6.2.

⁵⁹ p. 23.

⁶⁰ Ibid.

⁶¹ p. 23, 6. 2.

⁶² <https://www.nhs.uk/conditions/gender-dysphoria/treatment/>

⁶³ p. 26.

⁶⁴ p. 26.

⁶⁵ p. 27, 7.1.

⁶⁶ *Guidance: Plan your relationships, sex and health curriculum: Information to help school leaders plan, develop and implement the new statutory curriculum*, Department for Education, 24 September 2020.

<https://www.gov.uk/guidance/plan-your-relationships-sex-and-health-curriculum#dealing-with-sensitive-issues>

⁶⁷ p. 27, 7.1.

⁶⁸ p. 28

⁶⁹ p. 28.

⁷⁰ <https://www.theguardian.com/world/2020/sep/17/gender-fluid-engineer-wins-landmark-uk-discrimination-case> (Accessed 20 October 2020).

⁷¹ p. 28., 7.2.1.

⁷² p. 28, 7.3.

⁷³ p. 29, 7.4.

⁷⁴ p. 30, 7.5.

⁷⁵ p. 30, 7.5.

⁷⁶ p. 30, 7.6.

⁷⁷ p. 30, 7.5.

⁷⁸ pp. 30-31.

⁷⁹ p. 31.

⁸⁰ p. 31, 7.8.

⁸¹ p. 31, 7.9.

⁸² p. 32, section 7.9.

⁸³ <https://www.telegraph.co.uk/news/2019/12/12/childrens-transgender-clinic-hit-35-resignations-three-years/>

⁸⁴ p. 34, scenario 8.

⁸⁵ p. 34, scenario 1.

Uncovering RSE and Exposing Harms

⁸⁶ Understanding the Teen Brain, University of Rochester Medical Center, Health Encyclopedia: <https://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentTypeID=1&ContentID=3051> (Accessed 12 October 2020).

⁸⁷ Brain continues to develop into late 20s: <https://ct.counseling.org/2011/09/brain-continues-to-develop-into-late-20s/> (Accessed 12 October 2020).

⁸⁸ p. 34, scenario 2.

⁸⁹ See the Gender Recognition Act 2004, section 1. For Explanatory Notes and Summary of the Act: <https://www.legislation.gov.uk/ukpga/2004/7/notes#:~:text=The%20purpose%20of%20the%20Gender,by%20a%20Gender%20Recognition%20Panel.>

⁹⁰ p. 34, scenario 3.

⁹¹ p. 35, scenario 4.

⁹² Ibid.

⁹³ p. 35, scenario 4.

⁹⁴ p. 35, scenario 5.

⁹⁵ p. 35, scenario 6.

⁹⁶ p. 35, scenario 6.

⁹⁷ p. 37.

⁹⁸ p. 41.

⁹⁹ “Bullying” (p. 41) is defined as: “Bullying is behaviour by an individual or group, repeated over time, that intentionally hurts another individual or group either physically or emotionally. Bullying can take many forms (for instance, cyber-bullying via social media or the internet) and often involves an imbalance of power. It can involve verbal taunts, name calling, physical injury, sexual harassment and damage to property, rumour spreading, shunning or ridicule and is often motivated by prejudice against particular groups, for example on grounds of ethnicity, religion, belief, sex or gender identity, sexual orientation or disability, or because a child is in care, has caring responsibilities or mental health issues. It might be motivated by actual differences, perceived differences or as a result of association with someone else.”

¹⁰⁰ p. 41.

¹⁰¹ See the College of Policing page on “Responding to non-crime hate incidents”: <https://www.app.college.police.uk/app-content/major-investigation-and-public-protection/hate-crime/responding-to-non-crime-hate-incidents/> (Accessed 17 November 2020)

¹⁰² Ibid.

¹⁰³ p. 42.

¹⁰⁴ p. 46.