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3 **Title: Doing the right thing and getting it right: Professional perspectives in social**
4 **work on supporting parents from gender diverse communities**
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9
10 **Abstract**

11 **Background:** Despite significant shifts in legislative, political, cultural and social contexts,
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13 which have improved our understanding of diverse gender identities and family life, this
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15 remains under-explored within social work and social care. Trans and non-binary (TNB)
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17 parenting experiences are marginalised within mainstream professional practice and action is
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19 required to address these inequalities.
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23 **Aims:** This study explored the practices and meaning of ‘parenting’ and ‘caring’ for care
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25 professionals in families with parents with diverse gender identities in the UK. It aimed to
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27 capture a snapshot of the current state of practice knowledge and perceived practice
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29 challenges.
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32 **Methods:** A qualitative study design involving thematic analysis from detailed consultation
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34 with twenty-five relevant stakeholders in the proxy roles identified from a systematic review
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36 (Hafford-Letchfield et al., 2019) on what is known about trans parenting from the research
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38 evidence.
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41 **Results:** The complexity of systems for supporting families creates barriers to change, with a
42
43 lack of training and development in the knowledge and skills of the workforce. Intersecting
44
45 these themes was a strong values framework and examples of best practice provided, which
46
47 social workers can use to navigate, understand, and support TNB parents and their
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49 experiences, particularly at an individual level, as a means to effect change.
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53 **Discussion:** Focussing on human rights, tailoring work to the specific needs of individuals
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55 and families, and affirming the diversity of family life requires professionals to take active
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57 responsibility and be more accountable in educating themselves and others on these rights.
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3 Professionals also need to reach out to the TNB community to include them in improving
4 services as well as being active in their own organisations to ensure these are inclusive and
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6 responsive.
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9 **Keywords:** Trans; non-binary; parenting; caring; social work; social care; support
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16 **Introduction**

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19 Significant shifts in legislative, political, cultural and social contexts have improved our
20 understanding of diverse gender identities and family life. Their impact, however, is under-
21 explored within social work and social care in the UK, and any nuances in working with
22 families with gender diverse parents are marginalised within mainstream professional
23 practice. This paper seeks to assess the state of knowledge and skills in current practice, and
24 explores motivators and barriers to achieving step-change in family care where there are trans
25 and non-binary (TNB) parents and carers. Based on themes from a systematic review
26 (Hafford-Letchfield et al., 2019) of the empirical evidence about parenting and caring by and
27 with people with diverse gender identities, and in the absence of any practice guidelines, we
28 sought to open up constructive dialogue with professionals to identify, prioritise and agree
29 upon the areas in which practice needs to develop and improve. The findings inform our
30 understanding of readiness for change and what is needed for professionals to engage with
31 change, including the identification of teachable moments, which reflect good practice.
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49 This study makes a theoretical contribution to understanding caring practices in families by
50 exploring sexual and gender citizenship along with social justice. By addressing counter
51 cultural hegemonic narratives about family life; personal and family intimacies can be
52 identified, discussed and given meaning with social workers and other professionals where
53 these are under-recognised (Hines, 2007). The authors come from a social constructionist
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3 position, seeking to challenge heteronormative and cisgenderist professional practice with
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5 families in care services, and capitalise on the growing positive research evidence on the
6
7 quality of parenting provided in LGBT+ communities (Brown & Cocker, 2011; Cocker &
8
9 Brown, 2010; Golombok et al., 2014; Golombok & Tasker, 1996; Hicks, 2014). Globalised
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11 socio-cultural trends such as the decrease in fertility rates, fertility treatments, legislative
12
13 changes to partnerships and shifting trends in family expectations (Walls, Kattari, &
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15 DeChants, 2018; Walls, Kattari, Speer, & Kinney, 2019) have altered the landscaping of
16
17 parenting and its intersectional nature. This demands a considered practice response. TNB
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19 individuals may choose adoption, fostering (Brown & Rogers, 2020), surrogacy, harvesting
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21 genetic material, and giving birth, whether before or after transition and be partnered with
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23 someone who has children (Obedin-Maliver & Makadon, 2016; Poly & Poly, 2014; Walls et
24
25 al., 2019).

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31 This paper describes how we explored these themes through in-depth consultation directly
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33 with a range of proxy stakeholders and leaders in social work and other care services
34
35 discussed in the existing literature. This involved; disseminating the findings from a
36
37 systematic review (Hafford-Letchfield et al., 2019), discussing the issues with key
38
39 stakeholders; identifying and synthesizing themes with the evidence and values emerging
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41 from practice expertise and experience. This enabled the benchmarking of good practice
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43 examples, outlined in the form of case studies, driven by individual professionals committed
44
45 to making a difference to services for TNB families. We also identified a number of
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47 challenges that reinforce the dangers of heteronormative and cisnormative policies and
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49 frameworks continuing to govern practice and some options for moving forward.
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54 55 **Background** 56 57 58 59 60

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3 In the UK, transgender and non-binary (TNB) parents have been in the media spotlight
4 following popularist interest in trans pregnancy (Pearce, Moon, Gupta, & Steinberg, 2020)
5 and high profile cases in the High Court. A relative silence in the social work professional
6 community on these situations in public and private law should draw attention to their roles
7 in providing advocacy and support to the different members and their interests, within the
8 families involved. Case law has challenged legal inconsistencies on trans parental rights by
9 exposing incompatibilities of the Children Act (1989) with the Gender Recognition Act
10 (2004) and Human Rights Act (2010) particularly in relation to Article 8, (Rights to Family
11 Life). One example is Freddy McConnell, a transgender man who gave birth in 2018
12 following fertility treatment. McConnell lost his appeal to be legally registered as his child's
13 'father' or otherwise 'parent' or 'gestational parent' rather than 'mother'. With a Gender
14 Recognition Certificate, McConnell argued that not being registered as a father on his child's
15 birth certificate was breach of his right to a private and family life under Article 8 of the
16 Human Rights Act ("R (on the application of McConnell and another) v Registrar General for
17 England and Wales," 2019).

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39 Scholarship and UK policy on LGBT+ parenting, has focused less on TNB even though a
40 sizable portion of the community are already parents or interested in becoming a parent (C.
41 Brown & Rogers, 2020; Pearce & White, 2019; Tasker & Gato, 2020). It is often the case,
42 however, that the different needs and experiences of 'T' parents, especially pregnant trans
43 people, are still not considered or accounted for (White, 2018). For example, gendered
44 language and the legal categories for parenthood are mostly cis-normative. Unlike lesbian
45 and gay parenting, there has been little progress in actual practice development related to
46 TNB parents and a dearth of research on bisexual and intersex parenting (Bowling, Dodge, &
47 Bartelt, 2017; Patterson, 2017).

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60 ***Transgender and non-binary parenting in the UK***

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3 There are no official estimates of the size or growth of the TNB population in the UK, due to
4
5 conceptual and practical issues surrounding the collection of data (Office for National
6
7 Statistics, 2017). Best estimates are that 1% might identify as trans of which 0.4 %,
8
9 confirmed a non-binary gender identity (Stonewall, nd). Without accepted estimates, service
10
11 planning is impaired and the needs of the community under-resourced. Those with Gender
12
13 Recognition Certificates following the Gender Recognition Act (GRA, 2004) by no means
14
15 reflects the population. This process is described as an outdated, stressful, dehumanising,
16
17 medicalised and traumatic for trans people to go through (White, 2018). A government
18
19 consultation in 2019 on GRA reform has not reported (Ministry for Equalities, 2018)
20
21 following two reviews of transgender equality (House of Commons Women and Equalities
22
23 Committee, 2016) and provision of gender identity services ((NHS England, 2017) (see
24
25 White, 2018). A legislative and policy review in the UK (White, 2018) revealed that in the
26
27 GRC (2004), there is an absence of consideration for trans people as parents in any capacity
28
29 and no reference to non-binary (NB) people as parents (due to the absence of provisions in
30
31 the GRA). A brief exception in Section 12 states that ‘acquired gender’ under the Act does
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33 not affect the status of the person as the father or mother of a child as illustrated in the case of
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35 Freddy McConnell.
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43 In the few examples on TNB experiences (see reviews by (Communities Analytical Services,
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45 2013; House of Commons Women and Equalities Committee, 2016; Hudson-Sharp &
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47 Metcalf, 2016; Mitchell & Howarth, 2009), significant levels of inequality across all policy
48
49 areas and in the provision of public services have been demonstrated. These include
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51 discrimination and transphobia in schools, social services, the National Health Service
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53 (NHS), prisons and probation services, the police and in refuges for vulnerable women
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55 leaving unsafe situations. Some of these are illustrated in the high number of trans people
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3 having experienced a hate crime in the past year (41%), and in those who have experienced
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5 domestic abuse from a partner (25%) (Garthe et al., 2018; White, 2018).
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9 A rapid evidence review and limited empirical work (Hudson-Sharp, 2018) sought to
10 ascertain the adequacy and consistency of education and practice development in social work
11 with TNB families. Findings revealed a significant lack of TNB-specific social work
12 research and practice, resulting in poor experiences for TNB individuals and families
13 alongside everyday discrimination and gaps in services (Alleyn & Jones, 2010; Government
14 Equalities Office, 2016). Few social workers receive specific education or training on TNB
15 issues (Craig, Iacono, Pacey, Dentato, & Boyle, 2017). This lack of specificity and
16 inclusivity for families with TNB individuals, and the tendency to work with deficit models,
17 are further undermined by a lack of resources regarding TNB issues and the lack of
18 networking for TNB families or by practitioners working with TNB families, (Hafford-
19 Letchfield, Cocker, Manning, & McCormack, 2020) .
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35 **Published research on TNB parents**

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37 A systematic review (Hafford-Letchfield et al., 2019) of the published empirical research
38 about TNB parents found twenty-six studies, with just two directly involving UK citizens.
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40 Themes from these studies illustrated the complexities for TNB parents within the context of
41 their existing family relationships and personal commitments. A myriad of challenges
42 documented the impact on children, relationships with partners and wider families within a
43 transphobic and discriminatory culture. There were no studies on grandparents and
44 grandchildren. The review highlighted shortcomings regarding care working with trans
45 individuals in care practice. These concerned attitudes, lack of critical reflexivity, knowledge
46 and skills to work with issues affecting families with TNB parents and carers. Findings also
47 demonstrated that parents were as invested and committed to their loved ones as any other
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3 persons, and many experienced positive relationships with their children (Stotzer, Herman, &
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5 Hasenbush, 2014). Like cisgender and sexually diverse parents, TNB parents and carers
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7 reported the need for opportunities to connect with other families and support services for
8
9 their children (Stotzer et al., 2014). In their wish to be authentic, there was fear of alienating
10
11 and destroy familial bonds, giving rise to internalised stigma, fear of failure and lack of
12
13 disclosure about their support needs (Lev, 2004)(p. 314). Ongoing personal, interfamilial and
14
15 systemic barriers in their family lives were also reinforced through a transphobic context and
16
17 a lack of appropriate services, targeted support and advocacy (Gapka & Raj, 2003). TNB
18
19 parents are also more likely to experience discrimination based on their gender identity in
20
21 custody agreements, courts, and adoption processes (Pyne, Bauer, & Bradley, 2015; Stotzer
22
23 et al., 2014). Services for prospective parents were poorly equipped to serve the unique
24
25 reproductive needs of trans people, with significant barriers including adoption and fostering
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27 services (Brown & Rogers, 2020; Hines, 2006). These review themes needed to be explored,
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29 from the perspectives of professionals on the ground.
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35 36 **Method**

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39 This was an exploratory study with the following questions:
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43 1. What experiences do social work and care practitioners have in working with TNB
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45 parents and carers and what knowledge, skills and expertise do they feel they need?.
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47 What do they see as the current strengths and gaps?
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51 2. What are the anticipated challenges at the macro and micro level for organisations in
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53 identifying and providing support to TNB parents and carers and in making services
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55 accessible and responsive?
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3 3. What can we learn from practice that will help to inform the development of best
4
5 practice for social work and social care useful for their day-to-day work?
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9 ***Study design***

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11 This study conducted an in-depth consultation with relevant key stakeholders and leaders in
12 care services guided by the systematic review themes, to establish their relevance, application
13 and meaning for professional practice. As a research team comprised of members with
14 expertise in social work, mental health, lesbian and gay parenting, and trans activists with
15 lived experience, our objectives were agreed co-productively. We followed ethics and
16 principles (Adams et al., 2017; Marshall et al., 2017; Vincent, 2018) documented by trans
17 researchers which calls for transparency and knowledge democracy in developing research
18 with explicit and positive impact on trans lives. Having conducted a review documenting
19 studies on TNB parents, members of the team expressed reservations about duplication and
20 over-research that can be harmful to trans and NB populations (Marshall et al, 2017). Re-
21 framing our ‘target population’ as co-producers of knowledge (Orr & Bennett, 2009) opened
22 up what we can potentially learn by listening on how to effectively engage with TNB
23 communities . Listening is the most powerful tool of the emancipatory researcher (Vincent,
24 2018). Having worked together and built trust during the systematic review, we identified
25 professionals as under-researched.
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29 Involving members of the community as peer researchers can result in emotional labour
30 (Pearce, 2020; Vincent, 2018). Our team members with lived experience were paid and
31 involved as researchers and advisors throughout, including study design, putting together the
32 pilot questionnaire, choice of research method and participants targeted. They participated in
33 data collection, and had access to the data and data analysis. The latter was impacted by their
34 time limitations and work demands. We communicated regularly to support each other.
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3 A broad topic guide based on themes from the review, enabled the interviewer to explore and
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5 identify issues in practice through a process of problem setting; identifying challenges and
6
7 enablers; reviewing and selecting relevant knowledge for the participant's specific roles and
8
9 contexts in relation to the topic. We conducted a focus group (author 1 and 5) and individual
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11 interviews (authors 1, 2, 3, 4 and 5) using a reflective, critical approach to fieldwork, which
12
13 encouraged discussion amongst a large range of stakeholders, as to the adequacy of practice.
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15 Questions included: How are issues about gender identities being raised in practice? When do
16
17 the opportunities arise for conversations around gender and sexual identities arise in their
18
19 practice? How does the team/service/organisation record and use information about gender
20
21 identity issues identified in their work with families and carers? What priorities are given to
22
23 improving practice in this area?
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29 Ethical approval was provided by x University. Funding was allocated to compensate any
30
31 TNB research participants for their time where required, as recognition of using institutional
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33 power to benefit the trans community and building rapport (Vincent, 2018, p104)
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36 37 *Participant sample*

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39 Recruitment involved a combination of purposive, opportunist and snowball methods to reach
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41 participants who could act as informants, consultants, advisors and critical friends. This
42
43 depended on contacts of members in the team and our professional and community networks.
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45 Working from a list of proxy roles, we actively sought out viewpoints or functions in the field
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47 thought to have responsibilities and influence on the key issues reflected in the review
48
49 findings. Table 1 provides an overview of the twenty-five individuals that participated from
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51 social work, health, mental health, members of a regional gender inclusion services from
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53 different disciplines, academics with responsibilities of training professionals and people with
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55 lived experience of parenting and included those involved in making local policies.
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3 *Insert table 1: Participant sample about here*
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6 ***Data analysis***
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10 Discussions were digital recorded and professionally transcribed. Every transcript was read
11 by both authors 1 and 3 and an inductive coding framework agreed. Author 3 coded all of the
12 data manually with author 1 checked for validity. A meeting to discuss the coded data
13 enabled the development of a broad thematic analysis. We extracted emergent themes, put
14 into tables together with the source transcripts, and shared with team members (authors 2, 4
15 and 5) for wider comment and consensus. This final stage led to team members providing a
16 list of summary points on each of the themes. Further, author 3, developed case studies linked
17 to one or more transcripts. Discussion of these themes in the results section is illustrated
18 using participant quotes.
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31 **Results**
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34 The data provided broad and rich themes in relation to the participants' direct experience of
35 TNB parenting, how this was recognised and reflected in wider policies and practice with
36 families, the complexity of organisational and systems which can create barriers to change,
37 and the challenges in training and developing the knowledge and skills of the workforce.
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39 Intersecting these themes was a strong values framework, which participants used to navigate
40 their understanding of how best to understand and support TNB parents in the absence of a
41 corporate or local coherent response to individual and family needs. This focused on how
42 they as individuals could challenge or improve people's experiences when they interacted
43 with care services. We present the data using three themes: moving from 'niche' to inclusive
44 practice; investing and developing knowledge and skills of professionals, and building trust.
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57 ***Practice experiences: moving from 'niche' to inclusive practice***
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3 Many participants expressed the view that work with TNB parents was seen as a ‘niche’ area
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5 of practice, and were unsure of which universal services TNB parents and carers currently
6
7 use and which they could or might access. Participants thought that TNB individuals were
8
9 hidden or marginalised from mainstream parenting services, but stressed that explicit public
10
11 service values familiar to professionals working in care services should underpin all universal
12
13 services. The gender identity of a parent requiring support and accessing services should not
14
15 matter in this context.
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20 Gender identity was identified as a cross cutting theme for a range of services needed to
21
22 support families, with the understanding that this would need to be cross-disciplinary and
23
24 interprofessional. Some discreet examples of direct work with trans individuals as parents
25
26 were given in mental health and disability services, following healthcare referrals. Social
27
28 work participants noted that socio-economic issues and class were likely to drive help
29
30 seeking, however demands on resources make the threshold for involvement in children and
31
32 families social services high and exclude criteria for specific support. Therapeutic
33
34 interventions related to family dynamics and relationship issues that trans parents faced were
35
36 described as scarce. The examples given of direct work with TNB families involved complex
37
38 vulnerabilities such as mental health, drug use, physical health problems and family conflicts
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40 and practitioners felt these issues affected the way in which interventions were provided to
41
42 trans parents, with gender identity problematized, and seen as the over-riding factor requiring
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44 ‘specialist’ support.
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51 One professional in a Gender Identity clinic stated that TNB parents contact with specialist
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53 services are actually relatively brief, but TNB parents are likely to be in contact with
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55 everyday services, which all need to have the capabilities to work with them.
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3 “(However) in the present climate professionals seem to act irrationally when TNB
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5 people and parents are involved and it’s difficult for TNB parents and advocates to
6
7 know if responses are discriminatory” (Gender Identity Clinic Nurse) .
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11 Some social care professionals pointed out the relatively rare examples of local authority
12
13 involvement with TNB parents and families. These participants noted that this limited service
14
15 user contact was a barrier to keeping their knowledge up to date and ‘*have that dialogue*’
16
17 (Practice lead, Local Authority).
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21 One participant, in responding to other professionals who found it challenging to work with
22
23 trans or non-binary people, suggested a response that used a broad categorisation of diversity
24
25 and equality issues and their effect on professional practice. They noted that:
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29 “if you took away the word trans and put anything else in there, HIV positive, gay,
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31 black, Muslim, Christian,people wouldn’t find it so challenging” (mental health
32
33 social worker)
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37 This intersection of diversities for individual TNB people can also become problematic in
38
39 how practitioners respond to multiple needs. A student social worker doing his placement in
40
41 mental health services described being advised by his supervisor to secure a diagnosis of
42
43 autistic spectrum to make it easier for a trans parent to access services when they presented
44
45 with mental health issues associated with transition. Mental health service participants
46
47 acknowledged the notable incidences of people struggling with their gender identity in their
48
49 services, and identified a need for all staff to have a better understanding of the specific
50
51 issues facing TNB people in their lives, to improve overall service provision.
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56 ***Investing and developing the knowledge and skills of professionals: qualifying and post-***
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58 ***qualifying education, and ongoing work-based support:***
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3 Most participants agreed that everyone in the social care and health workforce should have a
4
5 certain amount of knowledge and skills to adapt their assessments and provision within their
6
7 service. They saw this primarily as an issue of cultural competency and a responsibility of
8
9 practitioners to manage their own biases, judgements, and expectations in a professional
10
11 capacity. This was, however, evidenced as fraught in multidisciplinary work, where
12
13 examples were given of different professionals being unclear about why they were working
14
15 with a trans person. Consequently, instead of focusing on the presenting issues, gender
16
17 identity was again problematised.
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22 Knowledge and skills are gained through direct experience and training. Participants
23
24 described limited experiences of working with TNB communities, further compounded by the
25
26 rarity of opportunities for training and staff development. Only one participant reported
27
28 receiving any training in their professional training programme. As a student with lived
29
30 experience, with no input on gender diversity in their professional qualifying programme, he
31
32 initiated a student-led one-day workshop, supported by the university. Participants
33
34 responsible for professional education referred to gender diversity as a topic that '*should be*
35
36 *addressed*' within learning content on equality and diversity supported by vignettes or case
37
38 studies albeit, it was often not. They described the teaching of transferable skills concerning
39
40 non-discriminatory practice, empathy, acceptance, unconditional positive regard that are
41
42 applicable for working with TNB parents.
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49 TNB themes were not addressed in learning about legislation and social policy to equip
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51 students from multi-disciplinary backgrounds to provide effective advocacy and referrals.
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53 Further, academics noted the need to address gender diversity from a life-course perspective
54
55 in relation to the significance of family relationships for trans parents throughout their lives,
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57 including support needs in later life. They referred to theoretical frameworks such as loss,
58
59 bereavement and conflict, which were important for working with the TNB community.
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3 The midwifery tutor anticipated that their students are:

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6 *“not likely to meet someone in this situation very often and I would tend to use a*
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8 *trans example in the taught curriculum about diverse families but I feel more cautious*
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10 *about introducing into the practice curriculum in an area where there are likely to be*
11
12 *religious objections”.*
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16 This comment acknowledges challenges that go under the radar in practice where the
17
18 workforce are not equipped to assert the rights of trans people. One social work academic
19
20 noted that critical reflection and examination of one’s own prejudices is an essential pre-
21
22 requisite for preparing students for curious and assertive practice, and that unlearning for
23
24 some students has to take place in safe spaces given what personal prejudices or ignorance
25
26 they may bring into their practice. Again, the unaddressed religious beliefs of learners were
27
28 mentioned as a barrier (Mason, Cocker, & Hafford-Letchfield, 2020).
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33 Many participants referred to the lack of quality learning materials depicting trans lives or
34
35 how to access these (Hafford-Letchfield, Pezzella, Cole, & Manning, 2017). Other
36
37 participants were genuinely unsure of where to get good quality information, mentioning
38
39 ‘Stonewall’, the ‘Tavistock’, the internet and general media as sources they used. Further,
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41 educators themselves did not feel confident in developing curriculum that was multi-
42
43 disciplinary, and lacked confidence or time to assert the prioritising of trans issues in what is
44
45 seen as an overladen and prescribed national curriculum:
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49 *“ the majority of them don’t use services and therefore if you don’t define them as*
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51 *service users, you lose the essence of having them included in social work education”*
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54 (social work academic)
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3 Finally, participants with responsibility for education noted opportunities to engage members
4 of the trans community in developing learning resources and delivering education within their
5 service user education strategies. One educator gave positive examples of using novels to
6 stimulate discussion on gender identity and utilised trans users narratives in the ‘Human
7 Library’ to stimulate student discussion and debate.
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15 Given that training and education is often practice-based, significant emphasis was placed on
16 the use of supervision in the workplace and encouraging learners to research their own
17 practice relating to situations service users present with. Practitioners referred to the use of
18 reflective practice and professional values as a good starting point for people to ask the right
19 questions and look for strengths in a family where a member is TNB. Again emphasis on
20 problem solving or practical tasks had the potential to squeeze out the promotion of wellbeing
21 and emotional impact due to pressure on resources. This reinforced earlier themes from
22 professionals who perceived the need to problematise trans parents experiences in order to
23 secure resources.
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36 ***Building trust in working practices with TNB parents***

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39 Many participants confirmed that gender and sexual identities are widely confused or
40 conflated when a TNB person approaches services. Being able to confidently and
41 competently explore people’s histories and narratives using appropriate language and skill
42 was described as fundamental to building trust and relationships with TNB parents to aid
43 their subsequent access and use of services. At the other end of the spectrum, an ‘out of
44 hours’ social worker noted a naïve approach from colleagues. He stated:
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55 *“As a gay man, I have felt colleagues dismiss the importance of LGBT identity and*
56 *advocacy: ‘here we go again’. I am always shocked that people kind of think that*
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3 *we've conquered the whole sexuality issue and there is no discrimination' (social*
4
5 *worker).*
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8
9 This inability to offer a nuanced response to trans individuals, particularly in adult social
10 care, was attributed to a system in which social work is unable to initiate tailored
11 interventions. Given the constant streamlining of services for efficiency, any specialised
12 support had been “shaved to kind of like the absolute margins”. The emphasis on care
13 coordination role where people are linked to services and their care monitored by unqualified
14 staff complicated potential for sensitive provision. One of the trans parents interviewed
15 commented on the tendency for professionals to assume they can ‘see’ a person’s gender and
16 therefore make assumptions.
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27
28 One participant gave detailed examples of a family placement assessment with a trans
29 applicant which brought to life many of the complexities involved in building trust between
30 the assessor and the applicant. The applicant was a trans single woman in her early 30s who
31 approached an adoption service in an diverse inner city local authority Her application was
32 successful and a match with a child was made. However, the placement did not proceed as
33 she voluntarily withdrew her application. Her feedback to the Panel was that she expected
34 never to have been accepted and having gone through the process, she realised that she was
35 now not sure about going ahead.
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46
47 The independent social worker describing this work had extensive experience in lesbian and
48 gay adoption and was recruited specifically by the Local Authority to conduct the assessment.
49 She articulated the challenges and dilemmas in ‘really willing it to work’ and simultaneously
50 being cautious of her own biases. The complexity of the assessment required independent
51 supervision to observe the process and support decision-making with lots of stops and starts.
52
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58
59 It involved the social worker providing family therapy type-work with the applicant’s birth
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3 family (with her consent) where a protracted process of working through unresolved grief and
4
5 loss was a key issue. Whilst the social worker was conscious of the need to stay focussed on
6
7 the purpose of assessment, she felt that working through emotions was crucial to the potential
8
9 adopter's wellbeing and could support a more successful placement. She disclosed her own
10
11 sexual identity to the person to build trust. This was not usual practice and she experienced
12
13 coming out as a dilemma.
14
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17 Whilst just one assessment, as an example, this assessment highlighted that adoption and
18
19 fostering assessments might require extraordinary time and resources that some local
20
21 authorities may not be willing or able to allocate. This example reflects good practice through
22
23 an ethical and transparent approach but highlights the real investment needed to conduct a
24
25 fair and constructive assessment. The assessor articulated the need for consistent competent
26
27 supervision. She described how she sought to create an environment within the assessment to
28
29 air challenges and provide opportunities to work through the applicant's additional support
30
31 needs. Given the close working relationship that had developed between the social worker
32
33 and applicant, the social worker initially felt angered by the decision of the applicant, but
34
35 recognised the complex dynamics at play and the essential learning for the local authority:
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42 *“For me it links to the kind of gay marriage conversation, as you start to get*
43 *entitlement to equality, it is sometimes tempting to think that you should go for*
44 *everything you've got a right to have. And sometimes maybe, it's difficult in the cold*
45 *light of day to assess whether or not that is really right for you”* (independent
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47
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50
51 adoption assessor)
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53
54 Other participants with direct experience of assessment and decision-making about adoption
55
56 and fostering recognised the potential for children's placement in families with TNB parents
57
58 and the value of diverse parenting for children's needs. They also recognised the importance
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1
2
3 of a robust assessment that addressed and evidenced prospective adopters and foster carers
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5 potential as parents.
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8
9 *“There’s only really one challenge.... which is about ensuring assessors are confident*
10 *to explore rigorously people’s families, their histories and their own circumstances*
11 *and how they’re going to parent and not be sort of pushed away from difficult areas*
12 *because of the, maybe potential defensiveness of those being assessed. So it’s about*
13 *an empathic, rigorous, confident exploration where you’re confident enough to say – I*
14 *really don’t understand about this, could you tell me more about that”* (Panel Chair)
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23 Reiterating the potential of a strengths-based approach and value-based framework in family
24
25 social work, there was a tension noted for assessors, on their capacity to enter the other
26
27 person’s world and to try to understand it from their perspective, whilst ensuring that the
28
29 focus remained on the prospective applicant’s capacity to care and enable reparatory care for
30
31 a child. They also recognised a substantial gap in the recruitment, supervision, assessment
32
33 and support of parents from the LGBT community overall, and the marked gap for TNB
34
35 members.
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37

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40 *“Given the focus on the child, it’s important to focus on the assessment, supervision*
41 *and support of potential parents and not getting side-tracked particularly by the*
42 *transgender issues ‘neither over focusing, nor ignoring it’* (Panel Chair)
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46
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48 Key participants suggested that only close supervision and co-working of active cases, would
49
50 foster these competencies between workers within the same agency, rather than discussing
51
52 TNB issues at an abstract level. Participants suggested that this might also have ramifications
53
54 for additional work involving training with fostering and adoption panel members, many of
55
56 whom are independent members. As illustrated earlier, giving time and opportunities for
57
58 members to build trust and confidence in the thoroughness of the assessment, as well as to air
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1
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3 issues and question their own assumptions, was an important process in ensuring that the
4
5 panel's quality assurance role was focussed on the applicants ability to care for a child in
6
7 public care.
8
9

10
11 *"I would really recommend that you have a session with the (adoption) panel, where*
12
13 *you put forward your interim position and you allow people to be challenging,*
14
15 *critical, questioning....and we did allow some freedom in the panel to just be curious*
16
17 *and ask silly questions that you would be worried about asking in front of an*
18
19 *applicant"* (independent adoption assessor)
20
21

22
23 A number of other participants reflected on how to improve and strengthen practice with
24
25 trans parents; they gave emphasis on adopting a narrative approach within assessments to
26
27 focus on the trans person's own stories and to acknowledge stress and distress. Participants
28
29 reflected on the importance of social workers taking an advocacy role with other care
30
31 agencies where required, but also needing to 'put its own house in order'.
32
33

34
35 *"(we) really need to work with people with lived experience, hear their stories, to*
36
37 *understand as deeply as we can who they are, how they've got to where they are, their*
38
39 *reflections, what's been helpful, matters to them and how we can support them to*
40
41 *achieve the things they want at whatever stage of life they are at"* (social worker,
42
43 mental health)
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47

48 A further example of advocacy from participants cited a residential parenting assessment of a
49
50 new parent who had given birth and intended to transition. This assessment went well despite
51
52 social services conveying an expectation that the assessment would carry a negative outcome.
53
54 The team, having had little training, took time to inform themselves and found the assessment
55
56 to be a positive learning experience for the agency. In the multidisciplinary environment,
57
58 however, medical staff had labelled the parent's natural anxiety about breastfeeding and
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1
2
3 attributed this to their instability in their gender identity. These factors resulted in additional
4
5 complicated stress to the parent.
6

7
8 Finally, participants identified significant problems related to language and terminology.
9
10 They described practitioners as being nervous about saying the wrong thing, being avoidant,
11
12 and not having a grasp of the importance of using the correct pronouns. An example where
13
14 the practitioner identified that the service user wished to use 'Mx', the limited online data
15
16 recording settings made it impossible to record this for future contact. These potential micro-
17
18 aggressions hindered trust building in improving access to services. Conflating gender
19
20 diversity with sexual diversity was another common experience.
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24 25 **Discussion**

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28 This study explored the perspectives of a diverse range of practitioners on how they
29
30 advocated supporting parents from gender diverse communities. Findings show the need for
31
32 step change across the health and social care sectors, with many similar themes presented
33
34 across different services in the data.
35
36

37
38 The data highlighted salient barriers to improving practice with TNB parents at the
39
40 organisational and systems level. Firstly there is a significant role for leadership for
41
42 managers, commissioners, educators and practitioners to promote the rights and needs of
43
44 service users who are gender diverse with social work and social care services. Secondly,
45
46 there is a dearth of training and the confidence and ability to deliver this well and coherently.
47
48 Crucial to addressing these is the need to foster inclusive networks with TNB communities
49
50 and develop structures and processes which encourage their active participation to address
51
52 service access, delivery and evaluation. Finally, any initiatives to improve practice will need
53
54 to recognise the challenges of cultural and political climate for change given the absence of a
55
56 coherent government framework for supporting TNB inclusion reflected in legislation,
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58
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1
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3 policy, monitoring and development of progressive measures to promote TNB rights in the
4
5 UK.

6
7
8 Despite some of these challenges, there appears to be an appetite for change. Participants
9
10 recognised the labelling and stigmatising of everyday parenting challenges and the need to
11
12 promote support to focus on promoting relationships, love, care and intimacies regardless of
13
14 gender and other identities.
15

16
17
18 There are varieties of ways in which services can address many of the issues raised. One
19
20 option is to ensure that all workers have the requisite skills and knowledge to work
21
22 effectively with different types of families that require support. One participant's comments
23
24 about the 'challenge' of TNB discourses compared to other forms of diversity: "if you took
25
26 away the word trans...", attempts to acknowledge the diversities inherent within society that
27
28 all professionals deal with every day, and should be able to respond to in their practice.
29
30

31
32 However, the idea of 'swapping out' difference sets up a danger of assimilation of diversity,
33
34 which erases the specific needs of TNB communities and individuals. Where confusion and
35
36 uncertainty arises for practitioners when working with trans people in many professional
37
38 services, it is important for these to be specifically addressed and understood in the context of
39
40 their specificity rather than compared to different issues experienced by other groups.
41
42

43
44 Similarly, comparison between different diversities creates a hierarchy of difference, which is
45
46 also unhelpful (Cocker & Hafford-Letchfield, 2014) Pearce et al, 2020). The challenge is to
47
48 encourage practitioners to think through and acknowledge the specific challenges faced by
49
50 specific groups because of their experiences.
51
52

53
54 Another option is to adopt specialist models where services have champions/coordinators
55
56 trained to act as advisors/advocates for trans families to cascade knowledge and skills
57
58 throughout the organisation; or helping all staff develop their cultural competence to adapt
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1
2
3 their practice using mainstream tools, such as family genograms, to capture all family
4
5 relationships and to enable positive discussion about family issues. There are also specialist
6
7 tools in specific service areas such as fostering and adoption (Cocker & Brown, 2010) which
8
9 can be utilised across the practice spectrum. The case study provided an example of where an
10
11 experienced practitioner undertook a specialist assessment. Understanding the specific
12
13 challenges faced by the prospective adopter helped the assessor make sense of the
14
15 prospective adopter's decision to withdraw from the adoption application, even though she
16
17 had been approved. The depth of experience and knowledge assisted the practitioner in
18
19 ensuring that the skill base she utilised whilst conducting the assessment was not
20
21 discriminatory. However, because fostering and adoption assessments with TNB applicants
22
23 are still rare, the voice of applicants that captures specific information about the differences
24
25 in their motivations, rationale and contexts for applications is still developing. It is however a
26
27 good example of how a specialist assessment can gather data that can be used to inform the
28
29 development of general practices for that specific community over time (Cocker & Brown,
30
31 2010; Brown & Rogers, 2020)

32 33 34 35 36 37 38 ***Limitations***

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40
41 Those we interviewed were more likely to be motivated, curious and interested and the study
42
43 provided a snapshot of current practice only. As an exploratory study, there was insufficient
44
45 data to develop an intersectional analysis of practitioner's experiences. Although our sample
46
47 of professional staff came from metropolitan areas across England, the majority of
48
49 participants were white.

50 51 52 53 54 **Conclusion:**

55
56
57 This exploratory study involved identifying areas of consensus across practitioners working
58
59 in a number of health and social care settings to inform recommendations for practitioners
60

1
2
3 working with TNB families. These included benchmarked areas of development, including
4
5 highlighting areas of good practice, driven by individual professionals committed to making a
6
7 difference to services for TNB families. However, this is set against a number of systemic
8
9 and organisational challenges, which reinforce the dangers of heteronormative and
10
11 cisnormative policies and frameworks continuing to govern practice. There are a number of
12
13 options for moving forward. Next steps should involve liaison with TNB communities on
14
15 strategies that could be ‘decidable and executable’ when going forward with further
16
17 development work (Shekelle et al., 2012, p 7). Ultimately, good practice across health and
18
19 social care organisation is about recognising and respecting the diversity of families and all
20
21 their constituent members. This requires all professionals to take an active role to educate
22
23 themselves; be active in reaching out to parents and be authentic in engagement activities so
24
25 as to address diversity ensures services to all are inclusive and responsive. Focusing on
26
27 human rights, tailoring work to the specific needs of individuals and affirming the diversity
28
29 of family life require professionals to take active responsibility in doing the right thing and
30
31 doing it right.
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41 **Disclosure of conflicts:** The authors declare they have no conflict of interest

42 **Informed consent:** Informed consent was obtained from all individual parties included in the
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44 study.
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Table 1:***Overview of study participants***

Professional Discipline	Area of speciality/role	No of participants
Social Work	A senior social work leader	11
	Mental health	
	Children and families	
	Hospital discharge	
	Student	
	Out of hours (generic)	
	Early help team (adults)	
	Independent Adoption & Fostering assessor	
	Chair of Adoption and Fostering panel	
	Executive director of equalities and diversity	
Policy		1
Gender Identify Clinic	Medical consultant	5
	Psychologist	
	Specialist nurse	
	Family therapist	
	Relationship counsellor	
Health	Midwife	2
	Nurse	
Education	Social work lecturer	3
Lived experience	A gender diverse couple using fertility services	3
	Older parent/grandparent	
Total		25