‘I Love You No Matter What’

A creative enquiry into the experiences of parents supporting trans youth

A thesis submitted in fulfilment of the requirements for the degree of Doctor of Social Work

By

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Abstract

Trans young people and their parents' lives are contested in contemporary public life, while being absent from these debates. My review of the current qualitative research found most was conducted by clinicians, including some LGBT researchers, allies and parents. Studies found parents trying to support their child with limited access to formal support and encountering ignorance, hostility and prejudice.

My research aimed to make space for supportive parents of trans youth to tell their stories, using creative methods. Five parents of trans young people (aged from 16 to early 20s) in England participated in online narrative interviews between December 2022 and March 2023. Object elicitation was used as the starting point to enable the parents to set the agenda for their accounts using meaningful objects. The anonymised interview transcripts were initially analysed thematically, then metaphors and symbolism opened up the development of transcript poetry, offering non-linear approaches to interpreting the data. A meta-narrative was constructed from the stories the participants told, which structured the academic presentation of the findings, and cross-cutting themes (e.g. Choosing Love) were identified and represented in transcript poetry, alongside others such as Fear.

The findings suggest these parents were challenged by their ignorance of trans identities, prompting exploration of their experiences of difference leading them to supportive attitudes. Limited support from schools and GPs sent them looking elsewhere, finding informal support from other parents, trans role models and private gender healthcare. They encountered hostility, privilege (or not) regarding accessing NHS care in the post-Bell v Tavistock (2020), during-Cass Review world and hoped for positive futures for their children.

The conclusion notes participants' pragmatism and advocacy for their child, supported by their child's certainty in their identity. Creative research methods show potential for anti-oppressive social work research exploring the lives of parents supporting trans children.

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I offer my grateful thanks to all the parents who agreed to take part in the interviews for this thesis. Considering the circumstances, your willingness to talk about your experiences, your fears and your joy, was a gift that I will long appreciate. I wish you and your children the joyful future that you aspire to.

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I couldn't have completed this research project without all of the trans young people and trans role models out there, living their lives as themselves. I offer hope for better times and my solidarity in these hard times.

I couldn't have completed this thesis without the unwavering support of my family - my ever supportive mum and brother, Ali and my children. You have been patient throughout and supported me in more ways than it is possible to express.

And to my trans child – this is for you. You are the best of us, kind, passionate and with a powerful sense of what is right. I hope that sharing what it was like to grow to understand who you are and what role I could take to support you, might help other people to recognise and support trans young people in their lives.

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Note on word count

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Chapter One

Introduction

Figure 1

We All Love Birds

she used to text me on the way to school
"I've just seen loads of house sparrows"
we're always stopping and pointing out birds
it used to be very sweet, but quite frustrating
she'd always try and change the subject
by talking about birds
It just reminds me of a time
when I was trying to get her to open up more

she'd just start talking about blue tits
I'd say *"don't distract me by talking about birds"*
she'll get out her phone
try and distract me
show me a meme of a bird
or a parrot talking or something
it just reminds me of the time
when she couldn't really talk about her feelings

we're all obsessed with birds
they're just so small and perfect
and complete in themselves
they have these entire little lives
which are intersected with us but not of us at all
it's just the kind of the way they transact,
transect our experience

talk about something that was quite different
and quite other
very much themselves
I'd felt her difference ever since she was a baby
we've had this thread of otherness and difference
running through our family anyway
it's their otherness
they're so utterly, utterly different
but we exist in this strange plane together

1.0 Introduction

In this chapter I introduce the reasons why I chose to focus my thesis '*'I Love You No Matter What': A creative enquiry into the experiences of parents supporting trans youth'* on the experiences of parents of trans young people. I reflect on being a parent of a trans young person, a social worker and an academic in the contemporary context of the UK in recent years. I explore the ways trans young people trouble their parents' experiences and understanding of gender and my understanding of who trans young people are. I introduce my feminist, queer methodological stance and how this developed to embrace creative approaches in order to expand the space available for these parents to talk about their everyday lives and concerns. I explain the focus of each of the chapters and the transcript poems that enrich the findings of this thesis.

1.1 Personal motivation

> "It's so hard to have that sense of joy about your child being who they want to be in this world at the moment. Sometimes when I say that out loud, I just feel ridiculous because it seems like such a stupid thing to say because of the barriers our children and our families and the media and all the shit that gets spoken about. But really that's the thing that I want to remember. I want to remember how she feels when she feels like she's moving towards the person that she wants to be. And it's really idealistic, but fuck it. What else is the point? It's too hard otherwise. The journey is too hard unless you have that fierce joy."
>
> Anna (participant)

I have spent the last four years working on this thesis because I am a parent of a trans[1] young person. I was interested in this topic as we had consistently found, since my child

[1] In this thesis, I use the umbrella term 'trans' to refer to all those whose gender identity might come under the broad umbrella of transgender identities, including binary and non-binary genders. Transgender is a descriptive term for those whose experienced gender does not align with the biological sex they were

came out to our family and we supported them through assessment and treatment with the Gender Identity Development Service (GIDS[2]) and onto adult NHS[3] gender services[4], that there was a gulf between our experiences and the public narratives relating to the parents of trans young people[5].

I am a qualified social worker, registered with Social Work England. I am also a social work academic, who teaches undergraduate and postgraduate qualifying and post-qualifying social work students in England and am interested in human rights-based practice, mental capacity and autonomy in decision-making and anti-oppressive practice. Prior to studying to become a social worker, I was a literature and creative writing student. I am bisexual and my partner is also trans. We have seen our child grow and flourish when their gender identity has been affirmed both socially and medically and we have seen them struggle when they encountered resistance and gatekeeping to the support they had researched and considered carefully that they needed. My experiences as a parent, a social worker and an academic led me to an interest in addressing the gap I had identified.

Manning et al. (2015) suggests this 'academic activism' by parents is not uncommon. Their paper explores the experiences of a number of Canadian academics, including some whose papers are included in my literature review who grouped together because of their common experience as parents of trans children[6] and recognised the 'position of

---

assigned at birth, although not all those that description would cover use the term trans to describe themselves (Toze et al. 2024, p2).

[2] The Gender Identity Development Service (GIDS) was, until March 2024, the sole gender clinic, run by the Tavistock and Portman Mental Health NHS Foundation Trust, providing psychological care to those under 18 years of age in England.

[3] The National Health Service (NHS) is the organisation providing State-funded medical care in the UK, which is subject to central government policy on prioritisation of available healthcare resources and funding. NHS England is the administrative body that commissions healthcare services, including gender care, for those in England.

[4] My child is over 18 and has reviewed and consented to the information that has been shared about them in this thesis.

[5] I use the terms 'trans young person' or 'trans youth' to refer to people from the start of puberty to adulthood (from approximately 12 to 21 years of age). The terms 'teenager' and 'adolescent' are also used in the literature but I have chosen to use terms that are less weighted with psychological and medical meaning since trans people often encounter psychological and medical perspectives in less than positive ways.

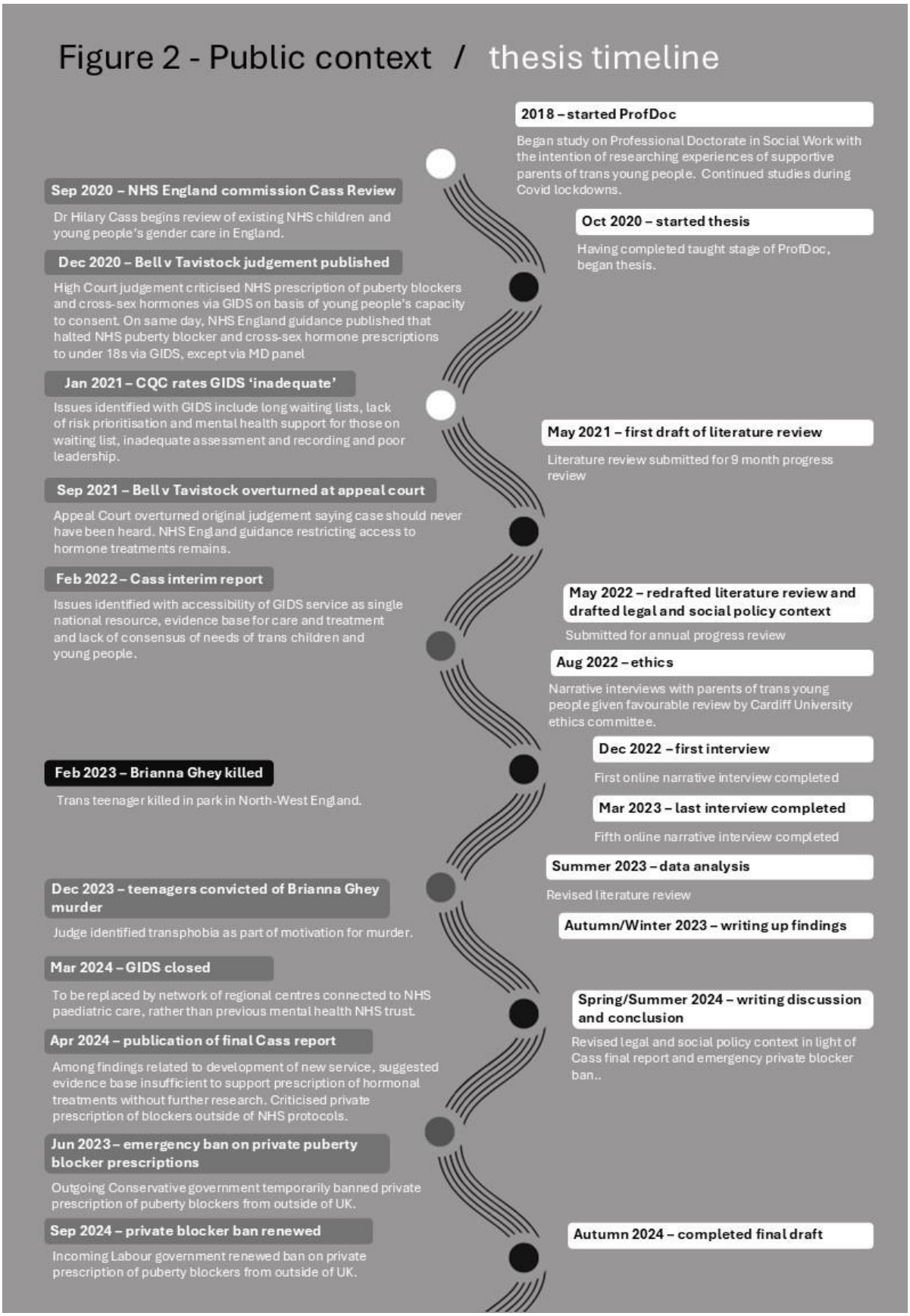
[6] I use the terms 'child' or 'children' in this study, in addition to a description of people before they reach puberty (birth to approximately 12), as a relational description of the children of the parents I interviewed, even though their children were all aged 16 and above when the interviews took place.

liminality' (Manning et al. 2015, p119) they occupy. Many were not trans but identify in their 'desire to ensure the well-being of our children, and the discrimination we face advocating for and with them, we live a commitment to our children that cannot be picked up or put down as we like' (p119). This positioning Dyer et al. (2022) identify as particularly associated with motherhood where 'mothers end up doing the labour to create safe worlds around their and other transgender and gender diverse children' (p100).

My standpoint, influenced by similar challenges, has led me to feel particularly concerned at the absence of an evidence base for social work practice that recognises the existence of trans young people and the positive impact of parental support for their trans children. As Benson (2021) notes, 'trans youth and children who experience rejection from their families, especially their parents, are more likely to internalize these messages and have lower self-esteem' (p605). I was concerned that, in the absence of evidence relevant to the UK context, that supportive parents could be considered by social workers to pose risks to their children, rather than playing a 'pivotal role in their child's wellbeing' (Benson, 2021, p605). This is a concern with foundation. Shelton et al. (2022) set out a US focussed history of the ways that social work has supported, explicitly or tacitly, 'nonconforming bodies be[ing] assimilated into the mainstream, or learn to "pass" within white dominant, cis[7]/heteronormative culture and Eurocentric ideals' (p179). Events taking place in the UK in the time I have been working on this thesis, as set out in the public context / thesis timeline (Figure 2), have only solidified those fears.

[7] Cis (as in cisgender) is a descriptive term for where a person's experienced gender aligns with the sex they assigned at birth. Cis comes from the Latin for 'stay on the same side' where trans means 'to go across.'

Figure 2 - Public context / thesis timeline



I embarked on this research interested in what leads parents of trans young people to be supportive of their child's identity, and whether this had been influenced by their own understandings and expression of gender in what was an increasingly hostile context in the late 2010s. The level of public attention relating to these families has only intensified (Figure 2), emphasizing to me the importance of making space for these parents to explore the subjectivity of their experience of supporting their trans child. Trans young people and their parents have experienced reviews of the evidence base for young people's gender healthcare (Cass Review, 2024), which has been critiqued by researchers (Horton, 2024, Noone et al. 2024, Macnamara et al. 2024, Grijseels, 2024). They are in the sights of politicians who enacted emergency legislation (*The Medicines (Gonadotrophin-Releasing Hormone Analogues) (Emergency Prohibition) (England, Wales and Scotland) Order 2024*[8]), which has been challenged in court (TransActual v Secretary of State for Health and Social Care, 2024). The absence of social work leadership on promoting the voices of the young people affected, has only made the necessity for this research, and the methods I chose to employ, more urgent to inform the social work evidence base and challenge this power dynamic.

1.2 Parents of trans young people and gender trouble

In Judith Butler's 1990 Preface to *Gender Trouble*, they identified 'making trouble [as], within the reigning discourse of my childhood, something one should never do precisely because that would get one *in* trouble' (2006, p xxviv). This is an ironic statement, considering the influence that Butler's troubling of gender, including that experienced in childhood, has had on the parents that I interviewed for this research and the children that made this 'trouble' for them. All of the parents interviewed in this research had experienced the disruption of their understanding of social norms in relation to their child's gender. Their child had overcome the 'fear of rejection from parents [that can act] as a barrier to disclosure of trans identity' and had presented their challenge to the 'gendered assumptions based on social rites of passage and expectations' (Benson, 2021 p605).

[8] Hereafter the 'GnRH blocker ban (2024)'

Parents often report experiencing grief or loss when their child comes out as trans as this disruption demands that parents reconceptualise their existing understandings of gender which may inform their reaction to, and investment in, support for their trans child.

1.2.1 Troubling parents' gender concepts

Parents in this study had encountered their children challenging their binary notions of gender as immutably tied to physical sex characteristics and determining acceptable norms of masculine and feminine behaviour and appearance. Disputing the fixed nature of sex as biologically determined and gender as socially constructed has been a feminist project for some time. As Butler (2006) identifies, 'taken to its logical limit, the sex/gender distinction suggests a radical discontinuity between sexed bodies and culturally constructed genders' (p9) that allows what is available to express in terms of gender to depart considerably from what is considered predetermined by male/female and masculine/feminine binaries. Ideas of gender as a spectrum (Barker and Scheele, 2019, p109) or a continuum (Renold et al. 2017, p26) offer possibilities for diversity and fluidity beyond the binary even before consideration of how other intersections of difference such as race, age, disability, neurodiversity and so on challenge the possibility of pinning down the definition of woman to one set of characteristics and man to another. Butler's influence has been profound in recognising gender, not just as something that is part of a person's internal landscape but something expressed and performed daily in relation to acceptance or rejection of social norms and as a performance of active agency, rather than a passive replication of social expectation. They talk about 'the action of gender requiring a performance that is repeated [as a] reenactment and reexperiencing of a set of meanings already socially established' (Butler, 2006, p191). The shock that is encountered when these existing social meanings are disrupted can be seen to spark the upset and confusion that parents experience when their child brings their 'gender trouble' home.

Rahilly (2015) identifies how 'gender variance exposes the limits of the gender binary and the overly deterministic role it ascribes to assigned sex' (p399). They explain how

'preadolescent gender-variant children have garnered widespread visibility, beyond the walls of the "medicopsychological" clinic' where they 'consistently and significantly stray from the expectations of their assigned sex [...] [in their] repeated articulations of their sense of self' (p399). Rahilly attributes this 'visibility in no small part to the *parents* [author's emphasis] who raise these children and reject traditional reparative[9] interventions' (205, p399). Parents in Rahilly's study advocated for recognition of their child's gender identity that best reflects the 'subjective sense of fit (or lack of it) with a particular gender category' in contrast to the more usual cisnormative 'sense of congruence between the category one has been assigned to at birth and socialised into' (Stryker, p21).

This reflects the wider social phenomenon characterising embracing gender variance as an intergenerational shift in attitudes to gender norms, despite trans experiences existing across the life course (Tove et al. 2024). Renold et al. (2017) identified this shift occurring in group and individual interviews with school children between 13 and 18 years in England, who were the same age or similar to the children of the parents interviewed for this study. The young people they spoke to, from a sample that aimed for diversity across England geographically and between urban and rural locations, evidenced variability in lived and understood gender identities, leading to a description of 'gender heterogeneity rather than homogeneity emerg[ing]' (p46) and an agreement that younger people are more accepting of different types of gender than older generations (p5). Despite this, Allen et al. (2022) summarised Renold et al.'s (2017) findings as showing 'young people's everyday gender experiences continued to be characterised by regulatory gender norms and a rigid gender

[9] The reparative approach to treatment for gender diverse children and young people is also characterised as the "live in your own skin" model (Ehrensaft, 2017, p61). It is one of the three main models of intervention with trans and gender diverse children and young people, alongside watchful waiting and affirmation, and has fallen out of favour and is considered under the umbrella of conversion therapies (Coleman et al. 2022, p553). Reparative therapy aims for pre-pubescent children to accept the physical sex characteristics and resulting gender identity they were born with. This approach presupposes that lifelong trans identities are not desirable and that behavioural strategies such as rewarding gender-appropriate behaviour and punishing gender-divergent behaviour will be successful in encouraging the child to accept the gender identity they were born with.

binary' (p651). Many of the young people in Renold et al.'s (2017) research showed themselves to be familiar with ideas and language in relation to diverse gender identities, often from social media and popular culture, and identified resistance to these in 'old-fashioned' (p54) communities (e.g. rural and religious). Allen et al. (2022)'s focus groups with 16-24 year olds in the UK also suggested the narrative that positions young people as progressive and accepting was problematic considering the heterogeneity of views encountered and the continuing resistance to gender diversity of those claiming a biologically determinist perspective (p658). These studies suggest a greater complexity to the location of challenging of gender norms that the parents in this study were asked to engage with, beyond the purely generational.

1.2.2 Recognising trans children and young people

Before the 1990s, trans children were hidden from view inside medical, especially psychiatric, textbooks (Meadow, 2014). Children who did not meet Global North societal gender norms were previously considered to be showing early signs of homosexuality and given treatment to return to accepted norms of behaviour. Trans adults often speak of recognising their difference in childhood and the shame and fear that kept them from speaking up. Roche (2020) explains that 'to feel that your innermost self is entirely different from the way the world sees you is terrifying' (p19). It is little wonder then that without access to others who might normalise these feelings they might not ever be expressed or be suppressed until a time when it feels safer, such as in later adulthood.

This postponement of living an embodied identity is part of what makes the concept of queer time relevant to trans young people. The formulation of puberty blockers [10]as

[10] Puberty blockers are medications, usually 'gonatropin-releasing hormone analogues' (GnRHs), that are prescribed to children to delay puberty. including trans and gender diverse young people. The aim is to 'halt the physiological processes of timely puberty development. Such children and young people often find the development of bodily characteristics that they do not want profoundly distressing' (Roberts, 2020, p1318). This treatment only pause the effects of puberty e.g. hair growth, chest development etc. while administered so they offer a temporary pause, with no long term impact, The theory is that pausing these developments allows time for the young person to consider whether they want to make longer-term changes to align their body with their gender identity, such as taking gender-affirming hormones (e.g. oestrogen or testosterone).

'pausing time' (Riggs et al., 2020, p9) so trans young people can explore their gender without the pressure of puberty progressing offers an appealing metaphor for time to reflect before any significant physical changes are made, although the impact on relationships with their peers who do experience the march of puberty is rarely considered. Alternatives to trajectories into adulthood including education, getting a job, getting married, buying a house and starting a family can also be disrupted by or include different priorities and events in queer lives. Trans lives might feature coming out, social[11] and medical transition[12] and can offer 'opposition to the institutions of family, heterosexuality and reproduction' (Halberstam, 2005, p10). Queer time figured in the future expectations and aspirations the parents I interviewed held for their children. All my participants had supported their child's choice to have their puberty delayed and/or repeated in a different form, via private gender healthcare[13]. Some parents found their child's education was affected by experiences of discrimination in school and some considered how the possibilities of marriage and children – what Halberstam (2005) calls 'reproductive time' (p12) - were being delayed, diverted or disrupted by their child's relational and physiological choices.

This approach was developed in the Netherlands alongside psychological support and has been adopted internationally as standard care for gender diverse children and young people (Belkind, 2021, p649).

[11] Social transition involves social changes that a trans person might choose to make to alter their gender presentation to allow their internal sense of their gender identity to be more congruent with the identity they present externally. These changes can include more feminine, masculine or gendered name, pronouns, title and/or appearance, such as hair and clothes. Changes of name and title can be informal or can be made formal in documentation, such as bank account, school and NHS records, passport etc., using deed poll. Changes of gender marker (e.g. M or F in the UK) can be made using deed poll on the person's NHS records and passport. Children under 16 need their parents' permission to change their name via deed poll.

[12] Medical transition involves undertaking medical interventions, such as hormone treatments (puberty blockers and/or gender-affirming hormones) and surgery (such as on the chest and genitals), that can offer trans people greater feelings of congruence between their physical appearance and internal sense of their gender identity. Medical transition with permanent effects is only available after 16 (gender-affirming hormones) and 18 (surgery) in the UK.

[13] Instead of accessing healthcare via the NHS, people in the UK can choose to pay for private healthcare. Medical insurance does not usually cover gender healthcare costs in the UK so people bear the cost of this themselves. Some NHS GPs may agree to support "shared care" arrangements with private prescribers of gender healthcare, such as gender-affirming hormones, making prescribed medication cheaper and may also support ongoing monitoring e.g. blood tests.

1.2.3 Parents engaging with their child's transness

Although this research concerns parents, this thesis is not about parenting. I will not be looking at the application of parenting models in relation to these parents' experiences. This thesis explores how parents explain the decisions made to support their trans child and what they prioritised when trying to access knowledge, resources and allies in that process. The active role they play in engaging with and interpreting the challenge to the social norms they had until then accepted is explored in their narrative accounts (Chapter Five).

Rahilly (2015) summarises Meadow's (2011) explanation that 'parents drew on traditional explanatory tropes—including biomedical, psychiatric, and spiritual—to explain their child's gender-variant "self" to others' (p340) to guide them before either negotiating with, subverting or abandoning the gender binary in their response to their gender diverse child. They suggest that these parental strategies arise, 'not necessarily due to a "gender-neutral" agenda of their own' (p342) but from a 'child-directed dynamic [...] in which both parents and children are seen as active agents in the process' (p342). Parents, like those interviewed, that choose to upset the usual parent/child dynamic of parent = powerful/knowing/educator and child = powerless/ignorant/educated cross the boundary of what Rahilly (2015) describes in terms of Foucault's 'truth regime' – as in what a society accepts and perceives as 'truth' and might elsewhere be termed 'common sense.' In this context, the biological essentialist basis of the gender binary e.g. male = man and female = woman with no space for alternatives and change is something parents, especially mothers (Klonkowska, 2022, p410), are expected to maintain and school their child in or they may encounter the 'secondary stigma of mothering a transgender child' (Johnson and Benson, 2014, p124).

Structures for the promotion of child-led approaches, such as the United Nations Convention on the Rights of the Child (UNCRC) (1989) include rights to protection and preservation of a child's identity, respect for the views of the child and freedom of expression amongst its 54 Articles. Horton (2024b) challenges the absence of respect for

children's views in the lack of trans children's voices in trans health research, linking this to the pathologisation of trans children's experiences and harmful clinical and research practices' (p2) which are particularly exemplified in the sidelining of trans experiences and researchers in the practice of the Cass Review (Horton, 2024). Participants centred their child's perception of their gender identity and recognised their requests for assistance to present themselves congruently with this identity in the world. These parents chose, not always willingly, to upset their own power in the context of their relationship with their child and support them to exercise agency beyond usual 'heavily structured and standardised' (Brennan, 2019, p116) social norms. As I set out in this thesis, these supportive actions are expressed in terms of doubt, fear, love and respect for the possibility of difference.

My participants also described the choices they made in the context of the shifting sands of their child growing towards adulthood. They all began to consider what this might mean for a young person whose life is likely to feature the 'subcultural practices, alternative methods of alliance, forms of transgender embodiment, and these forms of representation dedicated to capturing these wilfully eccentric modes of being' that Halberstam (2005) describes as the 'queer "way of life"' (p10). As well as managing the more usual stresses and tensions of renegotiating the relationship of parent and child in late teenage/young adulthood, the usual 'linear and legible concept of maturation' (Jaffe, 2018, np) is subverted and made unpredictable for queer, including trans, children. Time spent recognising and understanding gender identities, recognising and seeking support for change can mean that features of what is considered adulthood in normative terms might be inaccessible to the child the parent is responsible for. These children are either invisible in the social world (e.g. absent from higher education and employment) or remain in childhood (regarding parental attitudes to risk and safety). They might, as in Bond Stockton's identification of queer children as 'ghosts,' find themselves 'unable to corporeally occupy who they may later find themselves to be' (Jaffe, 2018, np). These disruptions and differences of power and visibility in the relationship between the trans young person and their parent influenced the methodological decisions I made for this study.

1.3 Methodological concerns

My methodological interests lay in recognising and, where possible, resisting the orthodoxies of power manifested in academic research and writing. Weigmann (2017)'s summary of Bourdieu's work for social work offers insights into the impact on individuals of stepping outside social expectations. Trans identities challenge cisnormative gender framings. Parents experience the disruption of these identities being embraced by children and young people who are expected to learn social norms from older generations and wider society, not bring challenges to these home. Weigmann (2017) suggests 'individuals do not simply believe or think within certain structural boundaries—they "feel" confined by them, and are incapable of thinking beyond them' (p97). The existence of trans children and young people offers a destabilising challenge to the orthodoxy of gendered behaviour and structures. Cisnormativity in this context is the orthodoxy of what is 'doable and thinkable,' making trans possibilities 'unthinkable' and transgressive of what is otherwise considered 'self-evident and natural' (Weigmann, 2017, p97). Resisting these assumptions and norms is difficult as they are 'something that you absorb like air, something that you don't feel pressured by; it is everywhere and nowhere' (Weigmann, 2017, p98). The main resistance available to social science researchers is reflexivity, as in explicit consciousness of my subjectivity and how it might shape my application of social norms, something I engaged with through the use of supervision and journalling throughout this research process.

Considering these orthodoxies led me to seek methodologies that recognised the validity and importance of everyday experiences and challenged researcher and professional authority (Chapter Four). I sought research methods that would centre the agenda of interview participants (object elicitation and biographical-narrative interviewing) and make space for their stories to be told in a manner of their choosing. I avoided using research methods that might suggest social work or other clinical assessment practice (chronologies) which risked centring the professional/researcher-as-expert in these parents' stories. Riggs (2019) offers this positionality as a feature of cisgenderism in the guise of 'research that questions transgender people's genders, and/or treats them as

pathological' or 'clinical assessment tools that that position mental health professionals as able to 'diagnose' transgender people's gender, therefore serving to maintain the role of mental health professionals as gatekeepers to services' (p7), neither of which are the intention of this research.

Exploring the existing literature prompted an interest in informal support beyond medical and clinical resources, such as queer communities and parent-led support. I advertised this study to parents accessing informal support, via online and parent-organised peer support groups. I presented myself explicitly as a parent of a trans child -- an insider -- in these spaces, in the hope of being considered worthy of trust and less intrusive than an outsider might (Vincent, 2018, p122). Inspired by my literature review findings I explicitly stated my intention to prioritise less-represented groups, such as Black, Asian and minority ethnic parents, LGBTQ+ parents and cis fathers, in my recruitment materials (Appendix A). Finding parents willing to be involved in this study was challenging, in the hostile public context for families of trans youth. The traumatic context for parents and their trans children at present in the UK can make it feel unsafe to speak and research fatigue is a significant risk in this small and marginalised community (Vincent, 2018, p119). I balanced the urgent need for these parents' voices to be heard with their right to protect theirs and their child's privacy.

Concern for their safety drove the desire to maintain parental anonymity in the data. The metaphorical and symbolic richness of the stories the parents told encouraged me to look beyond traditional academic forms of data analysis and presentation to consider poetry as a means of 'encounter[ing] and mak[ing] sense of your data through more than one way of knowing' (Ellingson, 2009, quoted by Thomas, 2021, p632). Presenting data as poetry allowed the emotionality and richness of these parents' everyday experiences and relationships with their child and others they encountered to become visible and added breadth to the potential meanings available. Juxtaposing these poetic formulations of data across the thesis allowed for alternative formulations and meaning to appear across the

more usual academic structure of this thesis, achieving a broader range of available meanings and engagements with these stories[14].

1.4 Thesis overview

Chapter Two: Legal and Social Policy Context for Parents of Trans Youth

In this chapter I explain the tumultuous legal and social policy context in England that the participants encountered before, at the time of and since their involvement in this research up to the July 2024 UK general election. I mapped key events during this time to my progress on this research (Figure 2). The legal context explores the rights trans people have gained since the beginning of the 21st century, the progressive possibilities and subsequent lessening of rights and protections in an increasingly trans-hostile society. The changing context from affirming and supportive guidance and resources for schools and healthcare for trans young people to state-authored invisibility in schools and removal of trans-affirming healthcare are explored in relation to trans youth and the parents that support them.

Chapter Three: Existing Literature on Parents' of Trans Youth Experience

In this chapter I consider the contemporary qualitative research evidence base for the parents of trans children and young people, published in English. The growing body of evidence from the US, Canada, Australia, Italy, Ireland, Poland and the UK, shows increasing interest in these experiences. These studies offers insights into the nature of parental relationships with their trans child and their interactions, negotiations and advocacy with family, friends, schools, medical care, the legal system and the wider world. The research related to the English context offers insight into the impact of the multiple

[14] The transcript and author poems are included as figures throughout this thesis and as a collection, "Fierce Joy," in Appendix E. An explanation of why the poems are placed where they is given at the end of Chapter Four.

and conflicting experiences of health care, education, family and social life on these young people and their parents up to the point of the Bell v Tavistock (2020) judgement. Based on the gaps in knowledge identified in this literature review, I identified these five initial research questions:

1. How do parents of trans young people describe the process of deciding to support their child's gender identity?
2. What part do the parent's gender and other diverse experiences play in their relationship with their child's gender identity?
3. What stories do parents tell about their priorities, influences and concerns in decision-making regarding their trans child?
4. What did the parents of trans young people value or struggle with about the formal and informal support they found?
5. How do parents of trans young people envisage the future in relation to themselves and their child?

Chapter Four: Methods for Parents of Trans Youth to Tell their Stories

In this chapter I explain the theoretical and methodological underpinning for this research and the creative methods I developed to collect, analyse and present this data. I explore how using narrative interviewing and analysis methods (Wengraf, 2001), object elicitation (Doel, 2019, Owen, 2020, Watson et al., 2020, Woodward, 2022, Ellis, 2022) and methods for creating poems from the interview transcripts (Burroughs, 1963) supported my desire to decentre my priorities for the stories these parents wanted to tell. I suggest how presenting these parents' words in a creative form allowed space for multiple available meanings (Corley, 2020, Thomson et al. 2023) and offered crystallization of meaning through both juxtaposition of these poems with the text (Thomas, 2021) and as a collection for reading independently (Appendix E "Fierce Joy"). From this explanation of the methods I used, a sixth research question was identified:

6. How might creative research methods enable the parents of trans young people to explore and explain their experiences?

Chapter Five: Finding the Path Through the Woods

In this chapter I explore the parents' stories, their concerns and fears, in the context of a meta-narrative plot framing. These parents' stories all include, even if not told in a linear form, the following arc of five plot points.

1) Once Upon a Time: when the parents' were challenged by their child's trans identity
2) Going on a Quest: when the parents talked about seeking support and guidance from familiar sources like family, friends, GPs and schools and finding that these resources were limited or unhelpful
3) Lost in the Woods: where parents explained their search for guidance, their encounters with trolls as gatekeepers and hostile voices and bureaucracy as well as the restrictions on access to gender-affirming care[15]
4) Finding the Right Path: where parents talked about finding other sources of knowledge and support, including other parents and trans elders and role models
5) Happily Ever After?: where parents explored their responses to the possibility of their child changing their mind about their gender identity and imagining optimistic futures for their child and themselves

In addition to this meta-narrative, cross-cutting themes relating to luck, love and time are explored, both in the findings and in the transcript poems presented across the thesis (Appendix E).

[15] Gender-affirming care (GAC) is psychological and medical care for trans people that is designed to support their exploration of, and affirmation in, their gender identity. GAC can include gender-affirming hormones e.g. oestrogen that can cause feminising physical changes, such as growth of breast tissue, and testosterone that can cause masculinising physical changes, such as lower voice. Affirmation is one of three main models for intervention with trans young people.

Chapter Six: Discussion and Conclusion

In the final chapter I discuss how the findings have addressed the six research questions. These include:

- Object lessons in creativity, showed how the research methods made participant feelings available
- The visibility and pride of the "Tavi bag"
- Parents seeking knowledge and support while lost in the woods
- Wish I had a crystal ball where parents hoped for certainty in the decisions they were making with their child
- Time spent stuck in the waiting room symbolising the significant part time, queered, urgent or delayed, plays in the experiences of these families of trans youth
- Not an easy journey showed the challenges that parents encountered trying to support and affirm their child

I explore what value the findings, both the experiences of supportive parents of trans young people and the value of creative research methods to centre and support these insights, might have for anti-oppressive social work practice and the need for co-creation of knowledge to develop professional understanding of these marginalised experiences.

I conclude by considering the gaps in this research, including the challenges for recruitment when families of trans young people feel threatened and the need for diversity in the voices engaged in this research, including co-production of arts-based research, like transcript poetry. The need for knowledgeable social workers to support parent-advocates for trans young people is identified as a key outcome from this study and my poem about my experience of supporting my trans child concludes the thesis.

Chapter Two

Legal and Social Policy Context for Parents of Trans Youth in England

2.0 Introduction

The early 2020s has been a time of increasing challenges to trans young people's rights (Figure 2). The parent interviews for this research took place between December 2022 and March 2023 and this chapter depicts the context around the July 2024 UK general election. This chapter explores the statutory rights, plans for reform and backlash against recognition of trans identities that have occurred in England since the implementation of the Gender Recognition Act (2004) (GRA). The social policy context for trans people, including young people, in English education and healthcare will be considered as well as the wider social impact of increasing visibility and public backlash that sets the background for the parents interviewed for this research.

2.1 Trans legal rights: progress and obstacles

Trans adults in England have access to rights established in statute, policy, guidance and case law, many of which were formed in the early 2000s. Most only become available to trans young people when they reach 18 years old.

2.1.1 Statutory rights

Until the 21st century, transgender people were mainly invisible in statute in the UK. The GRA was a ground-breaking piece of legislation internationally when it was implemented in the UK in April 2005, as it was the first in the world to not require sterilisation before the law recognised an acquired gender (Hines, 2020, p32). This framework for the legal recognition of gender transition by adults (18+) resulted from the Goodwin and I v United Kingdom (2002) judgement in the European Court of Human Rights (ECtHR). The ECtHR ruled that the absence of a process in the UK by which trans people could change the gender recorded on their birth certificate was unlawful.

The GRA created the Gender Recognition Certificate (GRC)[16] process. This legal framework only recognises binary transition from man to woman. The cost of applying for a GRC includes tribunal fees and medical reports, which are not covered by the NHS so often cost hundreds of pounds. The numbers completing the GRC process are minimal. For example, under one hundred people are recorded to have received a GRC between January and March 2020 (Ministry of Justice, 2020), which is likely to reflect the cost, secrecy and inflexibility of the process. Hines (2020) identified that 'trans rights and allied groups argued that these restrictions and demands were outdated and should be revoked' (p26) and should be replaced with self-identification from 16 years and recognise non-binary genders among other changes. Since the GRA was implemented, multiple countries, such as Ireland and Malta, have introduced self-identification processes for gender recognition.

The Equality Act (2010) offered new protections against discrimination for trans people in England, via the protected characteristic of 'gender reassignment.' This gives the right to protection from direct and indirect discrimination, victimisation and harassment. These protections apply to employment and access to goods and services and give duties to public bodies to consider the impact on those with this protected characteristic in employment and policy making. The Equality Act guidance (GEO/EHRC, 2013) makes it clear that the gender reassignment characteristic is not dependent on any medical transition. The Taylor v Jaguar Land Rover Ltd. (2020) Employment Tribunal judgement further clarified that non-binary and genderfluid identities are included in the gender reassignment protected characteristic. The Equality Act (2010) includes an exception (Schedule 3, para. 28) which allows single-sex services to provide a different service or

[16] The GRA 'allows those people who have changed their gender identity permanently to obtain a GRC' (White and Newbegin, 2021, p266) which allows the person to permanently change their name on their birth certificate and the gender marker on their birth certificate and National Insurance records. These are the only official records in the UK that cannot be changed via deed poll. The decision to issue a GRC is made by the Gender Recognition Panel, who meet in secret to consider evidence as to whether the gender change is likely to be lifelong. The panel decides on the basis of multiple medical reports, despite medical transition not being necessary in the statute, and evidence of transition (e.g. via changes to official documentation such as deed poll, bank statements, passport, exam certificates etc.) for at least two years.

exclude people to whom the gender reassignment protected characteristic applies if it is 'a proportionate means of achieving a legitimate aim' e.g. on a justifiable case-by-case basis on the grounds of risk to users of the service.

The House of Commons Women and Equalities Committee (HOCWEC) heard evidence in 2015 on the experiences of trans people in the UK, including the different law and policy contexts in England, Wales, Scotland and Northern Ireland from trans people, service providers, academics, MPs, and interest groups. Their reported findings included oppressive experiences of the GRA, the cost of a GRC, absence of recognition of non-binary identities in law and policy, overloaded National Health Service (NHS) adult Gender Identity Clinics (GICs[17]) and unsuitable health systems, frequent discrimination and hate crime and poor knowledge and resourcing for trans people within public services such as education, health and social services (HOCWEC, 2016). Social work was highlighted as having poor knowledge of trans people's needs, especially regarding children and young people. HOCWEC recommendations included reform of the GRA to include self-declaration of gender to replace the Gender Recognition Panel, reduction of the age of gender recognition from 18 to 16 and recognition of non-binary identities in law. This was the optimistic time at which I began planning research on the experiences of supportive parents of trans young people.

Consultation on GRA reform in England took place in 2018 (GEO/Mordaunt, 2018). Reduction of the gender recognition age (from 18 to 16) was not included in the consultation. During the consultation, the proposal of gender self-identification came to the attention of those who perceive trans people, trans women particularly, as a threat (Hines, 2020, p32). Feminist arguments characterising trans women as risks to (cis) women and girls in single sex spaces, like public bathrooms and domestic abuse services, became public (Hines, 2020, p32). These arguments play down or misunderstand the role

[17] Gender Identity Clinics (GICs) are adult gender healthcare clinics run by various NHS trusts across England, Wales and Scotland.

played by the Equality Act 2010, since this has offered legal protection for trans people to use public bathrooms and other single sex spaces that align with their lived gender since its implementation with no evidence of abuse of these arrangements (Sharpe, 2020). The GRA consultation report (King et al. 2020) showed public support for reform but also the intensity of hostility to gender self-identification from some respondents. This public debate (Parker, 2020) led the government to withdraw support from major legislative reform in England. Progress towards gender self-identification continued in Scotland until it was halted by the UK government (BBC, 2023). Reviews of trans healthcare in the UK were promised and the cost of the tribunal fee for a GRC was reduced (GEO/Truss, 2020). The Conservative Party included a commitment to reform the Equality Act 2010 to ensure that access to single sex spaces such as bathrooms and hospital wards was on the basis of biological sex in their election campaigning in June 2024 (Elgot, 2024). The review of trans healthcare for children and young people in England and Wales led by Dr Hilary Cass was commissioned (Cass Review, 2020) and is explored later in this chapter.

These attempts at increased legal recognition, possibilities of reform and growing backlash, including hate crime as considered below, formed the backdrop against which the parents of trans young people I interviewed had lived and offers insight into their concerns and fears that were explored in the interviews.

2.1.2 Transphobic hate crime

Transgender identity is one of five forms of recognised hate crime in criminal law. Hate crime affects criminal sentencing where an offence, such as assault, can be proved to have been motivated by, or involved hostility on the basis of, a person's transgender (or assumed) identity (Crown Prosecution Service (CPS), 2017). Home Office data showed reported transgender hate crime increased 11% in 2022-23 (4,732 incidents) (Goodier, 2023), the year the parent interviews took place. However, Galop (charity supporting

LGBT+[18] people who have experienced abuse) suggested this is the tip of the iceberg since the majority (1 in 8 LGBT+ people surveyed) stated they would not report hate crime to the police, as they believed the police would not do anything (Galop, 2021). Increasing transphobic hate crime was noticed outside of the UK by the Council of Europe General Rapporteur on the Rights of Lesbian, Gay, Bisexual, Transgender and Intersex People. The report specifically noted 'anti-trans rhetoric, arguing that sex is immutable and gender identities are not valid has been gaining baseless and concerning credibility' in the UK and that the Minister for Women and Equalities (Liz Truss) had made a speech 'in contradiction with international human rights standards' (PACE, 2021, para 52) by dismissing trans people self-identifying their gender. The report also notes that freedom of expression arguments were being used to 'justify transphobic rhetoric, further penalising and harming already marginalised trans people and communities' (PACE, 2021, para 52).

This use of freedom of expression arguments included Maya Forstater's employment tribunal judgement (Maya Forstater v CGD Europe, 2020). The outcome has been used since to support the legality of expressing 'gender-critical' views by a teacher (Boobyer, 2024) and a social worker (Spencer-Lane, 2024). Forstater's employer had decided not to continue her temporary contract after tweets she posted were reported to them as 'offensive and exclusionary.' Her tweets criticised the proposed reform of the GRA to allow gender self-identification. Her defence was that her views amounted to beliefs protected under the Equality Act 2010's religion or belief protected characteristic. The tribunal disagreed but this ruling was overturned at appeal. The appeal judgement held that 'gender critical' views could be considered as beliefs amounting to protected characteristics and therefore could be lawfully expressed. The Court of Appeal noted that these views could not be used to discriminate against or harass trans people.

[18] There are multiple formulations of umbrella terms for diverse sexualities and gender identities, which often represent different personal and political positions. When referring to specific sources, I use the formulation used by that source. Otherwise, I use LGBTQ+, meaning lesbian, gay, bisexual, transgender and queer. The + represents multiple other identities that may choose to associate with this umbrella of communities, such as asexual and intersex.

In February 2023, a 16 year old trans girl, Brianna Ghey, was murdered by two teenagers in a park in Cheshire, during the period when I was conducting the parent interviews. The teenagers were convicted of her murder in February 2024 and sentencing reflected that Brianna had been targeted because of her gender identity, with evidence of 'dehumanising language' used in WhatsApp messages between the pair presented as evidence of the murder being a transphobic hate crime (CPS, 2024). Despite efforts by 'gender critical' groups to dissociate this murder from transphobia, the judge specified that the murder had, in part, been motivated by hostility to Brianna's trans identity (Akrivos and Antoniou, 2024). Legal commentators noted that political and media 'trans-othering' had contributed to an atmosphere of hostility that could be linked to the victimisation of those such as Brianna (Akrivos and Antoniou, 2024). Esther Ghey, Brianna's mother, supported her child's gender identity and was praised in the media for her compassion. This case was identified as humanising the public discussion of trans experiences (Pidd, 2024), although considering the focus on trans lives in the General Election campaign later in the year, its influence was short-lived. This case highlights the foundation for parents fears for their trans childrens' safety, identified by participants in Chapter Five.

2.2 Social and policy context: trans people in the spotlight

Trans people's visibility in social policy has increased over the last decade, although this has not all been positive, especially in relation to trans young people and their lives in relation to family and public life, in schools, universities, workplaces and healthcare.

2.2.1 Trans demographics

Until the UK census in 2021 there was no reliable data on the number of trans people in the UK. The 2021 census included a question in relation to gender identity for the first time. The question was only available to those aged 16 and older, was optional to answer and included the option for the person to self-identify their gender. The response in England and Wales suggested that '262,000 people (0.5% of the population aged 16 years and over) reported that their gender identity was different to their sex registered at birth' (Office for

National Statistics, 2023), although it was noted that this could be an over or underrepresentation of the actual numbers of trans people in England and Wales for a number of reasons. As well as omitting under 16s, the Census is completed by the householder so those not out to the person completing the census form may not have been recorded, although there was the option to complete the census form separately. How many children and young people under the age of 16 would consider themselves trans or gender diverse remains unknown although the increasing numbers of referrals in recent years to the Gender Identity Development Service (GIDS) suggest this is likely to have increased in recent years, especially amongst young people experiencing puberty (Cass Review, 2024, p24).

2.3 Trans social policy

Before the 2021 Census, UK government research had begun to consider key issues for trans people in the UK. In 2017, the Government Equalities Office (GEO) launched the first ever National LGBT Survey - an online survey open to adults in the UK that aimed to map the experiences of LGBT people and plan actions to address key social issues. The National LGBT Survey report (GEO, 2018a) focused on the safety, health, education and employment of LGBT people and an Action Plan (GEO, 2018b) was produced from the recommendations, including specific actions for trans people. The year one progress report (Minister for Women and Equalities, 2019) identified that the establishment of the UK LGBT Advisory Panel and reform of Relationship and Sex Education in schools to include LGBT experiences had been completed. However, in April 2021, it was reported that the LGBT Advisory Panel had disbanded after three members resigned (Parker, 2021) with accusations that the government had been dragging their feet particularly regarding banning conversion therapy[19] regarding sexuality and gender identity (Cowburn, 2021). In April 2022, the UK government announced they were abandoning the LGBT conversion

[19] Conversion therapies or practices are abusive psychological, religious, medical or physical practices that seek to dissuade a person from claiming a non-heterosexual or non-cisgender identity. They are reported to cause trauma and distress and are banned in many countries in the world, although, to date, they remain legal in the UK.

therapy ban. Galop reported 5% of LGBT+ respondents had been subjected to conversion therapy 'through a family member attempting to change, 'cure' or suppress their sexual orientation or gender identity' (Galop, 2023, p6). An outcry from LGBT organisations and politicians led to that decision quickly being changed to an agreement that a ban on conversion therapy would become law for LGB (Lesbian, Gay and Bisexual) people only, allowing trans conversion practices to continue (Allegretti and Brooks, 2022), but this did not materialise either.

Conflict over trans inclusion in wider LGBTQ+ rights was evident in leading LGBT organisation, Stonewall, who, until 2017, had been solely focused on promoting lesbian, gay and bisexual rights. They launched their Vision for Change (Stonewall, 2017) which included research on UK trans lives and a commitment to begin campaigning for legal and social rights for trans people. They reported high rates of physical assault (12%), fear of openness at work (51%) and homelessness (25%) among 871 trans and non-binary people they surveyed (Bachmann and Gooch, 2018a). Multiple Stonewall members objected to this trans-inclusive direction which led to the formation of the LGB Alliance (Hurst, 2019), whose campaigning resulted in the Equalities and Human Rights Commission (ECHR), among other organisations, leaving Stonewall's Diversity Champions scheme (McManus, 2021).

2.3.1 Trans young people's rights in education

Schools play a significant role in the life experiences of trans young people and social policy in schools, further and higher education give messages to trans youth regarding their rights to express their identity and access support. The parents interviewed talked about the impact of the school context on their child in Chapter Five.

Department for Education (DfE) guidance for schools on implementation of the Equality Act (2010) noted it is 'unlawful for schools to treat pupils less favourably because of their gender reassignment and that schools will have to factor in gender reassignment when considering their obligations under the Equality Duty' (DfE, 2014, para 3.3). To aid this,

individual local authorities produced schools guidance on trans inclusion (Brighton and Hove City Council, 2021). However, "Transgender Trend"[20] took Oxfordshire County Council (2019) to judicial review for their guidance which the judge ruled should be withdrawn. Revised statutory guidance on Relationships, Health and Sex Education (RHSE) in English primary and secondary schools included LGBT experiences for the first time in 2019. This required the curriculum to be 'sensitive and age appropriate in approach and content' (DfE, 2019, para 37). The need for LGBT education in schools had been highlighted by Stonewall Schools Reports since 2007. Stonewall's third report (Bradlow et al. 2017) noted that transphobic bullying was a significant issue, with nearly one in 10 trans pupils reporting having received death threats in schools, limited support from teachers and schools (to use chosen name or accessing appropriate toilets) and an absence of trans experiences in teaching. Formby (2015) suggests focussing on bullying limits possibilities to address systemic discrimination present in schools. By ignoring cisnormative school environments to 'focus on individuals, primarily as 'bullies' and 'victims' [with responses limited to] 'punishment' for the bully and 'support' for the victim' (p634) schools avoid addressing wider systemic issues.

Stressors for trans young people in schools don't just stem from the school environment. Wider political decisions can impact trans young people's educational experiences. Talking to trans young people and their families two years after the Bell v Tavistock (2020) judgement, Barras and Carlisle (2022) found that this was impacting on trans young people's education as well as their health: 'my child is miserable, she hates her body, her mental health is so bad she's not getting out of bed. She's failing all her education' (p11) suggesting outside factors can detrimentally affect school life.

In December 2023, the then Conservative-led UK Government published draft guidance for schools on supporting "gender-questioning" pupils which suggested that the tentative

[20] Who challenge the rights of young people to have access to support for their gender identity in schools and also supported the Bell v Tavistock (2020) High Court case (see 3.322).

recognition of trans young people in schools could deteriorate, if implemented. This draft guidance stated that 'in all cases, bullying of any child must not be tolerated,' then said 'no child should be sanctioned for honest mistakes when adapting to a new way of interacting with another pupil' (DfE, 2023, p13). It did not mention any requirement for schools to address transphobic bullying or offer any guidance on how to achieve this, suggesting that the comfort of cis pupils was of greater interest to the Conservative government than schools making their environment a positive place for trans pupils. The DfE also started consulting on revised RHSE for English schools in May 2024 (DfE, 2024) that included clear messaging that trans young people's identities were not to be supported or even discussed in schools. The draft guidance stated that 'if asked about the topic of gender identity, schools should teach the facts about biological sex and not use any materials that present contested views as fact, including the view that gender is a spectrum' (p16) explicitly signalling that the Conservative government position was that trans and non-binary children and young people do not exist and should not be supported in their identities.

The parents who participated in this study were amongst the earliest to advocate in schools on their child's behalf for recognition and support for their gender identity, reporting patchy support and bullying and since then have witnessed the increasing government messaging that their identity would not have been supported as they move on into higher education and employment.

2.3.1.1 Trans young people and post-16 education and employment

There is little research on the experiences of trans young people beyond 16, as the children of the parents interviewed were. One study suggests high risks of not being in education, work or training in early adulthood. Bradlow et al. (2020) reported how experiences of discrimination and lack of support, including strained family relationships, could impact on trans young people's mental health and reduce engagement with education, training and work. Often trans young people having experienced isolation, bullying and a lack of support in schools, drop out of school, struggle to engage in college and disengage from

learning altogether. Experienced and expected discrimination and perceptions of how safe or unsafe workplaces were also reported to affect trans young people's access to employment and apprenticeships (Bradlow et al., 2020, p7). Allen et al. (2020) suggest that LGBTQ young people, if they reach higher education, can have contradictory experiences, citing 'participants' state of feeling simultaneously 'safe and unsafe' [as] reflective of inconsistencies in their institutional treatment' (p1075). They highlight participants talking about 'the sense that university is a more tolerant place than school' (p1081) while also experiencing hostile 'campus climates' (p1077). These are not necessarily contradictory statements – these trans students may have experienced support from peers and staff but may also have encountered hostility and ignorance.

2.3.2 Trans young people and gender healthcare

Medical transition is often an aspiration for trans people to alleviate gender dysphoria (Owl and Fisher, 2019, p74), meaning access to gender healthcare is a significant concern for trans young people and their parents. Long waiting lists for specialist gender services were identified as affecting trans adults' wellbeing in the National LGBT Survey (GEO, 2018a) but did not reflect trans youth experiences. The international standard for trans healthcare is set by the World Professional Association for Transgender Health (WPATH). Their 8th Standards of Care included specific guidance relating to trans adolescents for the first time (Coleman et al. 2022, p543).

2.3.2.1 Children and young people's NHS gender healthcare in England

Until March 2024, the sole provider of specialist NHS gender healthcare for under 18s in England was the Gender Identity Development Service (GIDS) provided by the Tavistock and Portman NHS Foundation Trust, to the protocols set out in the NHS England service specification (2013). From around 2014 (Cass Review, 2024, p85), referral rates to GIDS grew from hundreds to thousands per year and they reported that referrals had increased to the extent that they were seeing people referred in 2018 for their first appointment in 2021 (GIDS, 2021). A Freedom of Information request in 2021 found waiting times for GIDS

of up to 42 months (3.5 years) were being tracked (Hackett, 2021), delays that most of these participants' were experiencing (Chapter Five).

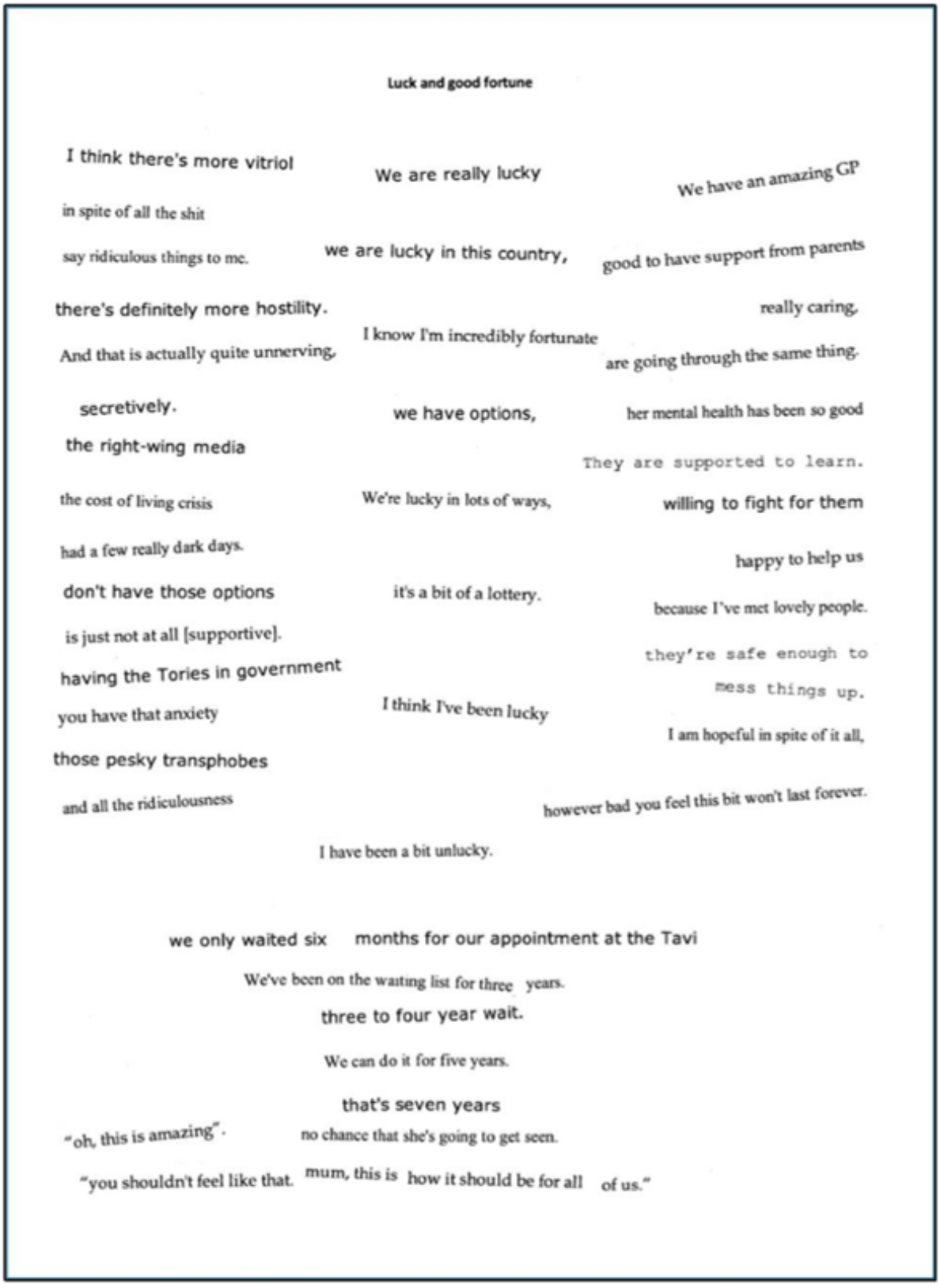
Excessive waiting times for first assessments were among criticisms by the Care Quality Commission (CQC) in their routine inspection report, that rated GIDS as 'inadequate' in late 2020 (CQC, 2021). They identified 4,600 young people waiting for their first assessment, high caseloads within the service and poor recording. CQC (2021) noted that 'many of the young people waiting for or receiving a service were vulnerable and at risk of self-harm. The size of the waiting list meant that staff were unable to proactively manage the risks to patients waiting for a first appointment' (np). It is interesting to note that 'feedback from young people and families currently being seen at the service was overwhelmingly positive in terms of the care and support staff had provided' (CQC, 2021, np).

Other qualitative data suggests many trans young people and their families were critical of their experience with GIDS (Mikulak, 2022, Horton, 2021), including their assessment and prescribing practices. Faye (2021) interviewed an 18 year old trans man whose experience of GIDS reflects these. Faye explained 'Henry's frustration was not just down to the difficulty of the clinical approach in his face-to-face sessions with GIDS staff, but the nature of the medical protocols themselves' (p105). These protocols include an extended period of assessment before puberty blockers may be prescribed. At the time the GIDS protocol was to prescribe these as a means of alleviating gender dysphoria[21] whether the young person has completed puberty or not. The GIDS protocol required that a young person must have been on blockers for a year and be 16 years of age before the prescription of gender-affirming hormones could be considered. The institutionalisation of late puberty for trans young people was experienced by this young man as alienating him

[21] Gender dysphoria as a diagnosis is defined in the most recent, fifth, version of the Diagnostic and Statistical Manual (DSM-5), that lists psychiatric diagnoses. DSM-5 defines this as 'psychological distress that results from an in congruence between one's sex assigned at birth and one's gender identity' (American Psychiatric Association, 2022).

from the development of his peers and being ‘stuck because of some arbitrary rules that don’t actually make any sense’ (p105). Belkind (2021) identified that, outside of the UK, young people’s gender medicine is moving away from this rigid approach towards a model where puberty suppression and, possibly, the prescription of gender-affirming hormones are ‘initiated on the basis of individual patient/family factors rather than on strict age criteria’ (p2) which could then allow for ‘trans youth to have puberty and adolescence experiences similar to those of their cisgender peers’ (p2).

Figure 3


Luck and good fortune
I think there's more vitriol
in spite of all the shit
say ridiculous things to me.
there's definitely more hostility.
And that is actually quite unnerving,
secretively.
the right-wing media
the cost of living crisis
had a few really dark days.
don't have those options
is just not at all [supportive].
having the Tories in government
you have that anxiety
those pesky transphobes
and all the ridiculousness
We are really lucky
we are lucky in this country,
I know I'm incredibly fortunate
we have options,
We're lucky in lots of ways,
it's a bit of a lottery.
I think I've been lucky
I have been a bit unlucky.
We have an amazing GP
good to have support from parents
really caring,
are going through the same thing.
her mental health has been so good
They are supported to learn.
willing to fight for them
happy to help us
because I've met lovely people.
they're safe enough to
mess things up.
I am hopeful in spite of it all,
however bad you feel this bit won't last forever.
we only waited six months for our appointment at the Tavi
We've been on the waiting list for three years.
three to four year wait.
We can do it for five years.
that's seven years
"oh, this is amazing".
no chance that she's going to get seen.
"you shouldn't feel like that. mum, this is how it should be for all of us."

2.3.2.2 The strange case of Bell v Tavistock (2020)

The question of consent by young people for these medical interventions, especially puberty blockers, has been the subject of legal scrutiny. The Bell v Tavistock (2020) case concerned Quincy (Keira) Bell who had been supported by GIDS to medically transition (via puberty blockers, testosterone and top surgery[22]) during her teens but regretted her decision in her twenties. She brought a case, supported by "Transgender Trend", arguing that those under 18 are not competent to consent to puberty blockers, citing this being an under-researched treatment with unknown consequences. The case argued that consent to blockers was effectively consenting to gender-affirming hormones, since the majority of those prescribed blockers were then prescribed gender-affirming hormones.

The web of legislation and case law that frames legal means of consent by young people under 18 came under scrutiny. These include Section 1 Mental Capacity Act (2005) in relation to those 16 and older, Section 8 Family Law Reform Act (1969) regarding 16 and 17 year olds and Gillick competence (Gillick v West Norfolk and Wisbech Health Authority, 1986) relevant to those under 16 (White and Newbegin, 2021, p150). The High Court ruled that parental consent to puberty blockers was not relevant and that 'it is highly unlikely that a child aged 13 or under would be competent to give consent to the administration of puberty blockers' (Bell v Tavistock, 2020). The judgement also stated that 'it is doubtful that a child aged 14 or 15 could understand and weigh the long term risks and consequences of the administration of puberty blockers' (White and Newbegin, 2021, pg151). This discounted any possibility that a young person under 16 could demonstrate capacitated consent to the consequences of puberty blockers, a decision that applied to no other medical treatment, including the use of the same medication in precocious puberty. The court guided that it would be a matter for the court whether prescribing puberty blockers under 16 was in trans young people's best interests, an approach Australian courts had retreated from (Dimopoulos and Taylor-Sands, 2024).

[22] Top surgery is slang for mastectomy or surgery to remove breast tissue and remodel to achieve a more masculine appearing chest.

On the same day the Bell v Tavistock judgment was released, NHS England issued revised guidance that effectively halted new NHS puberty blocker prescriptions and gender-affirming hormones for those under 18, despite there being different guidance for under 16s and 16/17 year olds in the judgement (NHS England, 2021). A multi-disciplinary review panel was created to review all blocker and gender-affirming hormone prescriptions made by GIDS and to ensure all new referrals to the specialist GIDS endocrinology service at University College London Hospitals NHS Trust (UCLH) were made in the young person's best interests. Despite this protocol, the process was slow to start. Freedom of Information findings in September 2021 reported that no trans young people under 17 had been referred by GIDS to the UCLH gender clinic for hormonal treatments in the nine months since the Bell v Tavistock (2020) judgement in December 2020 (Andersson, 2021) meaning that those that had already been through the lengthy GIDS waiting list and assessment process faced further waits to access medical intervention.

The impact of Bell v Tavistock (2020) was immediate and devastating to those directly affected. Mermaids, Gendered Intelligence and the LGBT Foundation surveyed around 230 parents and carers of trans children and young people from December 2020 and reported two years later on the judgement's impact. Many of those who responded, like one of the participants in this study, had been directly affected by the judgement, reporting decision-making on hormone treatments halted, endocrinology and blood test appointments cancelled, endocrinologists refusing to prescribe and fears of prescriptions not being fulfilled (p9). 88% of the parents/carers surveyed said the judgement had negatively affected their child's mental health (p7).

The Bell v Tavistock (2020) judgment was heard in the Appeal Court in 2021 and overturned. The appeal judgement noted that the High Court had been inappropriate in issuing guidance on decision-making with those accessing GIDS treatment and ruled the judicial review should never have been heard. The judgement reinforced that decision-

making of this kind is a matter for the young person, their doctor and, where relevant according to age, their parents and the use of Gillick competence is entirely appropriate (Bell v Tavistock, 2021). However, the appeal court ruling did not affect the accessibility of gender healthcare for children and young people in England since the NHS multidisciplinary panel remained. Barras and Carlile (2022) concluded that, despite Bell v Tavistock (2020) being overturned, trans children, young people and their families continued to face 'barriers to gender-affirming healthcare and a lack of focus on their wellbeing' and 'those responsible [...] still not listening hard enough to what trans young people and their families are saying' (p15). The government responded to allegations from whistleblowers of increased rates of suicide amongst those on the GIDS waiting list, especially since the Bell v Tavistock (2020) judgement (Wareham, 2024) with a review of NHS data in relation to GIDS patients (Appleby, 2024), which stated there was no issue, although this review did not consider the mental health of trans young people whilst on the GIDS waiting list.

Parents are located at the heart of decision-making about their trans children's medical transition as 'the choice that parents make has clear implications for whether or not transgender children will receive clinical care' (Riggs et al. 2020, p7). This is the context for the parental interviews for this study (Figure 2). Lengthy waiting lists, assessments and significant legal and medical obstacles to accessing hormone treatments led the families of many trans young people to seek options for these treatments outside of the NHS e.g. either privately in the UK, online or overseas (Barras and Carlile, 2022, p10).

2.3.2.3 Cass Review

The Cass Review of trans and gender diverse children and young people's NHS healthcare provision was commissioned by NHS England in September 2020. Horton (2024a) critiqued the Review's approach, identifying four broad themes in their analysis of documentation produced by the Cass Review up to, but not including, the publication of their Final Report, although these remained evident in the final report (Macnamara et al. 2024). These were

prejudice, cis-normative bias, pathologisation and inconsistent standards of evidence (p3). For example, the Review positioned 'non-affirmative approaches as "neutral," contrasting them to affirmative approaches that are framed as "ideological"' (p5). This suggests an unwillingness to validate approaches that affirm the existence of trans experiences in childhood, possibly reflecting the deliberate exclusion of trans researchers from the Review team, on grounds of potential bias (Horton, 2024, p5). A wider view that cis experiences in childhood are the norm and pathologisation of trans experiences in childhood are identified in the 'seeking evidence on the causation of gender diversity' (p10). This suggests medicalisation of gender identity which is being challenged elsewhere. The Australian Standards of Care for trans children identifies 'being trans or gender diverse is now largely viewed as being part of the natural spectrum of human diversity' (Telfer et al. 2020, p2) and the ICD-11 (WHO, 2024) now refers to 'gender incongruence'[23] rather than the psychiatric diagnosis of 'gender dysphoria'. The Cass Review was conducting its review of evidence when the parents were interviewed for this research and had reported its initial findings in its interim review (Cass Review, 2020) (Figure 2).

2.3.2.4 Cass Report

The final Cass Report (April 2024) was greeted as the definitive review of trans healthcare for children and young people more widely than just in the UK. Among multiple findings and recommendations, the Cass Report (Cass Review, 2024) heavily criticised the absence of high-quality evidence for the prescription of puberty blockers to trans young people. Their definition of high-quality evidence prioritised the use of randomised control trials (RCTs), even though this approach had been critiqued as 'methodologically inappropriate' (Ashley

[23] Gender dysphoria no longer appears in the most recent (eleventh) version of the International Classification of Disease (ICD-11). It has been replaced with the diagnosis of gender incongruence which is defined as a 'marked and persistent incongruence between an individual's experienced gender and the assigned sex, which often leads to a desire to 'transition', in order to live and be accepted as a person of the experienced gender, through hormonal treatment, surgery or other healthcare services to make the individual's body align, as much as desired and to the extent possible, with the experienced gender' (World Health Organisation, 2024, np). The WHO lists gender incongruence as a sexual health rather than mental health condition in recognition of the healthcare treatments required being related more to sexual health than psychiatry.

et al. 2023) for adolescent trans healthcare. This reasoning included the potential for participant bias where only those who cannot reliably access gender-affirming care outside of RCTs, because of higher levels of gender dysphoria and lower levels of familial support, are likely to be willing to be involved in these studies (Ashley et al. 2023, p4). Observational, pre/post and cohort studies were considered to be lower quality evidence in Cass's view which informed the report's conclusion that existing evidence on the value of puberty blockers to treat gender dysphoria was 'inconclusive,' despite qualitative evidence showing positive outcomes (Horton, 2024, p14-15).

The Cass Report (2024) set out the evidence base it valued for establishing the validity of the treatments of interest (impact of social transition, psychosocial support, puberty suppression and gender-affirming hormones) in the systematic reviews conducted in partnership with the University of York (pgs 49-51). Observational studies were considered to be of less value then experimental studies as those studies will not have randomly allocated who received which treatment, participants will know if they were receiving the treatment and there is no comparison group (p32). However, multiple confounding factors were not considered. It is likely that participants would easily recognise who is receiving puberty blockers or a placebo and what an appropriate control group would look like was not considered. The realities that puberty is often complete before young people access blockers in the UK and have little pubertal effect to pause (Faye, 2021, p105), beyond stopping periods, were also absent from the report's reasoning. The GIDS protocol that expected treatment with blockers before gender-affirming hormones could be prescribed, in addition to time spent on the waiting list, distorting the expectations of young people when they eventually got to GIDS, was also not considered (p155).

Multiple critiques of Cass's methodology, findings and recommendations have cast doubt on the validity of the evidence presented (Noone et al. 2024, Macnamara et al. 2024, Grijseels, 2024). Macnamara et al. (2024) summarised that 'unfortunately the Review repeatedly misuses data and violates its own evidentiary standards by resting many

conclusions on speculation' (p2). They identify that 'many of its statements [...] reveal profound misunderstandings of the evidence base,' 'subverts widely accepted processes for development of clinical recommendations and repeats spurious, debunked claims about transgender identity and gender dysphoria' and overall '*these errors raise serious concern about the scientific integrity of critical elements of the report's process and recommendations*' [their emphasis] (p2).

Despite the Cass Report (2024) stating that 'methods for conducting qualitative research are as robust as the methods for quantitative research' (p58), existing qualitative research evidence was not considered of a quality worth including, which Noone et al. (2024) considered 'questionable' (p3). The Cass Review did not complete a qualitative evidence review in relation to trans children and young people's experiences of, and aspirations for, gender healthcare in the UK, which Noone et al. (2024) considers 'impedes the comprehensiveness of the whole project' (p5). The Cass Report (2024) noted the 'unique contribution' qualitative research can offer as it 'generates information about subjective experiences, feelings and thoughts' (p58). Instead, Cass conducted its own qualitative research with young people, parents and clinicians, recruited by means which are not fully explained (Cass Review, 2024, Appendix 3, p2).

This ran counter to the wider engagement with trans children, young people and their families that the Cass Review had originally claimed it would undertake. They explained their reasoning for not holding an open call as potentially 'raising expectations and collecting a large volume of potentially sensitive information that it would not be able to process' (Cass Review, 2024, p61), despite having received central UK government funding to undertake its work. Instead, the Review responded to the self-selecting group of those who made contact with them and held focus groups with six unnamed 'support and advocacy organisations' (p61). The words of young people, parents and clinicians are used in the report, but seem often dismissed or sidelined in the following recommendations, as when Hilary Cass apologised for the 'disappointment' she knew she would cause to the

trans young people she spoke to (Cass Report, 2024, p14). Despite stating that 'existing documented insights into lived experience' (p23) had been included in the Cass Report, none of the qualitative research into the experiences of parents of trans children and young people in the UK I identified for this study (Carlile, 2020, Horton, 2021a, 2022ab and 2023abc, Mikulak, 2022) were referenced in the Cass Report (2024), despite some participants' children receiving treatment via GIDS. No reference is made to guidance on researching trans lives that prioritises the involvement of trans people as experts by experience (Adams et al. 2017, Vincent, 2018). To a social worker committed to challenging medical models for mental health and disability with social approaches to lived experience and actively anti-oppressive practice, the Cass Review's pathologisation and sidelining of trans young people, and the qualitative evidence that might shed light on this, appears problematic.

2.3.2.5 Cass outcomes

Outcomes of the Cass Review's work has included being 'used to justify restrictions on healthcare for transgender youth. In March 2024, the NHS announced that it would deny puberty-pausing medications to those under age 18 outside of a research setting' (Macnamara et al. 2024, p2). The closure of GIDS in March 2024 and plans for replacement with new regional centres that aim to improve accessibility, address waiting lists and work more closely with local services, such as paediatric medicine and Child and Adolescent Mental Health Services (CAMHS) stem from recommendations in the Cass Review's interim report (2020). How effective this new service will be is already a matter of concern. Those working for the old service wondered how ready the new service was to continue to care for those on its books, let alone manage the thousands of children and young people on its waiting list (Chudy, 2024). NHS England announced in March 2024 that the NHS would no longer prescribe puberty blockers to under 18s (2024a), except as part of a research trial that remains unavailable to date. The ethics of a research trial as the only available legitimate means of accessing gender-affirming treatment in the UK, as potentially coercive does not appear to have been considered.

Health Minister Victoria Atkins, in the last days of the outgoing Conservative Government, used emergency powers designed for immediate serious danger to health to get the GnRH blocker ban (2024) on the statute books. This statutory instrument blocked all new private prescriptions of hormone blockers to under 18s by prescribers based in the European Economic Area (EEA) and Switzerland for puberty suppression related to gender dysphoria or incongruence and made possession of blockers from an unregulated source a criminal offence punishable by up to two years in prison. This was seen as a direct attack on families like those involved in this study who, without access to NHS gender services and or private UK medical practitioners willing to prescribe to under 18s, had used overseas prescribers to access puberty blockers. Effectively as of 3rd June 2024, since the NHS blocker trial has not commenced, all new prescribing of puberty blockers to under 18s was banned in England, Scotland and Wales until September 2024. Since Labour came into power in July 2024, a challenge to the ban was rejected in court (TransActual CIC and YY v Secretary of State for Health and Social Care and Anor, 2024) and the Labour Health Minister, Wes Streeting, announced the extension of the ban to Northern Ireland and to November 2024 (DHSC, 2024). Writing this chapter as the picture of gender healthcare for young people continues to change rapidly, only reinforces Faye's view that this 'is an ongoing maelstrom unlikely to be settled in the immediate future' (2021, p101).

2.4 Social work

Social work in the UK to date has not taken a lead in promoting trans rights, despite having a role to play in protecting them. Social workers are crucial to supporting and safeguarding the rights and wellbeing of vulnerable young people and their families and have professional standards that require practitioners to be trans inclusive (BASW, 2018, 2021a). However, these values are not visible in social work education and practice.

The HOCWEC report (2016) identified social work relating to protection of trans children and young people as needing an overhaul. Hudson-Sharp's (2018) review was commissioned from this report and found that the education and awareness of children and families social workers on trans issues was 'variable, yet largely deficient' (p34). The standard for social work qualifying education and career progression in England - the Professional Capabilities Framework (PCF) (BASW, 2018) - has always included promoting the rights of transgender people (Domain 3 Equality and Diversity). However, this has never been effectively implemented, a view supported by the professional body for social work in the UK - the British Association of Social Workers (BASW) - who issued a position statement to emphasise the rights-driven approach that it supports in social work practice with trans people (BASW, 2021a).

Education for social workers on trans experiences remains limited and public social work voices show little recognition of the hostile context for trans people in the UK. Faye (2021) report fears of parents of trans children that they might be reported to social services for supporting their child. She cites Lancashire County Council v TP and Ors (2019) where care proceedings were brought by the local authority because the parents had supported two of their children to transition, insinuating the parents were responsible for multiple trans children in their family (Faye, 2021, p28). The court ruled that the parents had acted in the children's best interests and ordered the withdrawal of care proceedings. However, the distress caused by this case to the family and other families in similar circumstances is likely to have been immeasurable. The case brought by Lancashire may have been influenced by the judgement in Re J. (a minor) (2016). This child custody case involved a mother who supported their young child's change of gender expression and was considered by the judge to have unduly influenced the child and agreed the father, who did not support the child's transition, should have custody. Social workers involved in providing evidence in the case came in for criticism from the judge for their support for the mother's perspective which was replicated in the social work press (English, 2016, McNicoll, 2016). These cases represent the outcome of 'criticism from some feminists

with a trans-hostile agenda suggest[ing] that parents are forcing trans activists' "trendy ideology" on innocent children' as 'being trans or gender-diverse is abnormal and [...] children are being pressured into (trans)gender roles, expressions, and identities, which are not of their choosing' (Davy and Cordoba, 2020, p351).

It is concerning that social work as a profession might be mobilised to implement trans-hostile policy or legislation under the guise of child safeguarding without critical reflection. The Cass Report (2024) set out plans for future services for trans children and young people. Social work is mentioned five times regarding inclusion in the new children and young people's gender service workforce (e.g. p211) but says nothing about what role social workers will play and the perspective they will bring beyond a general statement about 'expertise in safeguarding and support for looked-after children and children who have experienced trauma' (Cass Review, 2024, p211). BASW are identified as a relevant professional body to engage with regarding workforce planning for the new service. However there is little evidence in the report that social work priorities and perspectives, such as taking 'account of the lived experience of trans people' or 'advocating for the rights of trans people in the context of widespread discrimination' (BASW, 2021a, p3), have been fully recognised in the development of the new NHS young people's gender service.

Parallels can be drawn with the challenges social work faces within mental health services where 'bio-medical' (Bark et al. 2023, p2) approaches dominate and evidence suggests social work tends to struggle to assert either a professional identity or a distinct social perspective. In the studies Bark et al. (2023) examined, social workers were seen to bring 'holistic, social, and rights-based approaches' (p6) to integrated mental health services but also experienced 'dismissive attitudes from medical colleagues towards assessments that looked beyond medical need, which were viewed as 'unscientific'' (p8). There is potential for the integrated multiprofessional service that the Cass Review envisages to replicate these tensions, considering the Report's perspective on what it considers to be high quality research evidence.

The Cass Report (2024) mentions safeguarding multiple times and it can be presumed, considering the central role of local authorities in England in child protection procedures within the Children Act 1989, that they envisage social workers to play a role in safeguarding the children and young people that will use the new service. There is to date no guidance for child protection social workers on how to address safeguarding concerns regarding trans children and young people or where the realities of the sources of risks to trans young peoples' wellbeing lie. This is an increasingly urgent gap since the prohibition of private puberty blockers (GnRH blocker ban, 2024) where parents supporting young people to access this medication could be identified by GPs, according to NHS England guidance, as requiring 'safeguarding procedures [to] be explored' (2024b, p3). In the absence of trans voices being involved in the development of safeguarding responses, there is a considerable risk that these parents will be judged for supporting their child's trans identity rather than recognising the wider trans-hostile climate and lack of access to medical intervention that evidence suggests heightens risk to these young people's mental health (Turban et al. 2022).

Parents are at risk of being judged according to what Butler (2024) identifies as a distinction 'between what "reasonable" parents or guardians would approve, and by implication, designates another set of parents and guardians as unreasonable, even dangerous' (p101). The DfE's (2024) gender questioning schools' draft guidance which suggested schools should inform parents where their child expresses gender diverse identities, implies that parents will 'deal with' this behaviour in whatever manner they consider reasonable. This acts as an appeal to parental control and authority, the exercise of which can be judged in the light of the Cass Review's characterisation of affirmative approaches as incautious (Horton, 2024), despite evidence suggesting that parental support is protective of trans young people's mental health (Belmont et al. 2024). Concerns about how parents will be perceived in their decision-making related to their

trans child set the tone for the anxieties and fears regarding ‘doing the right thing’ that the parents express during the interviews presented in this research.

Overall, the legal and social policy context for trans young people has been in turmoil for the last few years. Increased visibility had led to plans for increased rights and recognition. But the tide has turned and increasingly influential narratives that trans children and young people are vulnerable to social contagion via the internet and are receiving unnecessary and unevidenced treatment are gathering pace, both in the UK and internationally (Pearce et al. 2020). This has led to increasing state-driven erosion of trans youth rights, especially to medical interventions, which risks the wellbeing of these young people, and, as a result, the parents that support them.

In this context my study focussed on how parents decided to support their child and negotiated with their own experiences of gender and difference to understand the change their child brought to them. Exploring what sources of knowledge they valued, what ideas, perspectives and priorities influenced their decision-making and how they aligned their desire for a positive future for their child with the challenges of making significant decisions in uncertain circumstances all offer insight into their reasoning for making decisions that challenge the direction the current social policy context in the UK has taken.

Figure 4

Do The Right Thing

I'm a bit conformist.
I like to try and do the right thing.
I don't really like going against the grain.
I'm aware about things being morally right.
I can't take the law into my own hands,
that's not my nature.

It was legally done
She knows that nobody can change that
That's hers.
She owns that.
Nobody can come back and say,

"Oh, hang on a minute.
You should be doing this.
You did that the wrong way."

No, we did it completely the correct way.
It was the right thing to do.

There are some people who just really want to be decent
they want to do the right thing.
It's about making quite difficult decisions.
knowing in the back of your mind
in your heart,
they are the right decisions.

I always had that in the back of my mind
not to waste any time um-ing and ah-ing
"This is what my child needs,
they've expressed this,
I need to act on it."

[It] may be costly
losing people that you thought were friends
I'm prepared.
I will continue to be prepared
to do those things to make the right choices

She said to me,
even when I was really wobbly,
right at the beginning, she was like,

"You're doing the right thing."

the introduction of nonbinary in your life
There are other options than right or wrong.

your kids are early teens or smaller,
you are still very much the parent.
you have to make a judgment call every day
big things
or small things,
whether things are right or wrong
it isn't my life
to decide whether it's right or wrong,
it is theirs
it isn't for me to take a decision
it is for me to ask them a question
"Have you thought about this or that?"
"What are the consequences?"
the decision they then take is up to them

It's difficult to know
what is the right thing to do.

Chapter Three

Existing Qualitative Literature on Parents of Trans Youth

3.0 Introduction

As in Chapter Two, the legal and social policy context for trans young people is increasingly fraught and contested, which also impacts the parents who aim to support them in their diverse gender identities. Hidalgo and Chen (2019) argue parents of trans youth are at risk of minority stress and trauma due to their proximity to their children's experiences and stressors and report similar symptoms, such as poor mental health as a result, which social workers could play a part in addressing. The existing research that focusses on parents of trans young people tends to either investigate the impact of parental support (or lack of it) on trans young people's wellbeing (e.g. Olson et al. 2016) or evaluate clinical interventions that aim to support parents and families to support the trans family member (e.g. Riggs, 2019). There is a growing body of research internationally that is making space for supportive parents of trans youth to talk about their own experiences using qualitative methods, that will be explored here, including the rationale for focusing on qualitative studies.

3.1 Literature search strategy and outcomes

This review of the qualitative literature on supportive parents of trans children and young people initially took place in late 2021/early 2022 and was revisited in May 2023 and April 2024. The review in May 2023 resulted in a paper presented at the 2023 Social Work and Sexuality International Conference (Hubbard, 2023).

The literature review focused on the available qualitative evidence base out of interest in the ways that these parents formed accounts of their experiences, the stories they told and the methods used to collect this data. As stated in the introduction, I was also interested in the stories that were not being told, as suggested by my own experiences as a parent of a trans young person. I wanted to explore what impact research methodologies and the location of power in the researcher/participant relationship might be having on the kinds of

data produced. Gabb (2024) identifies qualitative studies as 'more aptly suited to advance understanding of individual and/or group experiences, situated in their social contexts' (p3) and therefore more likely to answer the kinds of everyday, situated questions about lived experience that I had.

The decision to focus on qualitative evidence was also a pragmatic one as searching revealed papers published across a broad spectrum of subject matter journals to an extent that was initially difficult to manage as a lone researcher. Searches were conducted for primary qualitative research, published in English, in journals across health, social work, education, environmental and public health, psychology, sociology and LGBTQ subject areas. From this search, key journals related to LGBT families and trans health were identified, such as *Journal of GLBT Family Studies, Journal of LGBT Youth* and *International Journal of Transgender Health*. Further searches were conducted within these as well as searching the reference lists of relevant papers. Primary qualitative studies of parents of children and young people were selected and resulted in 34 publications in English. 33 papers were published in peer reviewed journals and one book (Mikulak, 2022), published by an academic imprint. Four systematic reviews of qualitative primary research were also identified that reviewed multiple of the papers identified here and others (de Abreu at al, 2022a and 2022b, de Bres, 2022, Tyler et al. 2023).

Primary research

Of the 34 papers and one book identified, 15 were US-based (Alegria, 2018, Barron and Capous-Desyllas, 2017, Bhattacharya et al. 2021, Capous-Desyllas and Barron, 2017, Coolhart et al. 2017, Dunlap et al. 2023, Field and Mattson, 2016, Gray et al. 2016, Hill and Menvielle, 2009, Johnson and Benson, 2014, Kuvulanka et al. 2014 and 2019, Rahilly, 2015, Katz-Wise et al. 2017 and Schlehofer et al. 2021). 10 were from the UK (Carlile, 2022, Davy and Cordoba, 2020, Gregor et al. 2015, Horton, 2021a, 2022a, 2022b, 2023a, 2023b and 2023c, Mikulak, 2022) with one researcher (Horton) responsible for 6 papers published on different topics from one set of interviews. 3 were from Canada (Pullen Sansfaçon et al.

2015, 2020 and 2022) with all having the same lead researcher and two presenting findings from the same trans youth study. 2 were from Italy (Frigero et al. 2021, and Lorusso and Albanesi, 2021) and Australia (Riggs et al. 2020 and Riggs and Due, 2015) and 1 each were from Ireland (Neary, 2019) and Poland (Klonkowska, 2022). Of these 34, 22 were published between 2018 and 2023 representing increasing academic interest in parents' views on their experiences.

The majority that identified parent demographics spoke to white, middle-aged, highly educated cis mothers. Although Black, Asian and minority ethnic parents, parents of diverse sexuality, other parents such as grand, step, foster or adoptive, and cis fathers were visible in a few studies, they were in a minority. 13 studies, where they mentioned the parents' sexuality, noted that they had interviewed lesbian, gay and bisexual parents (although 5 of these papers were based on the same interview sample) and only one study (Davy and Cordoba, 2020) identified that they had spoken to trans parents of trans children.

Those conducting the research were often mental health, psychology and other clinicians and social workers, some of whom specialise in gender. Researchers in 16 of the studies identified themselves, or those in the research group, as trans, non-binary, LGBTQ+ more widely, queer, parents of trans young people or allies. Many explicitly identified their research as part of their activism and cite their own or family members trans and gender diverse identities as the spark for their interest.

The majority of the 34 papers identified had used interviews as their primary method of data collection and nearly all were labelled as semi-structured (e.g. Frigero et al. 2021, Horton 2021, Mikulak 2022). Others used methods such as ethnography (Capous-Desyllas and Barron, 2017 and Barron and Capous-Desyllas, 2017) and case study with one parent (Johnson and Benson, 2014). One used narrative interview – free association (Gregor et al. 2015) and another life history calendar (Dunlap et al. 2023) to allow for exploration of past events in the participants' life. Only two papers used parent-led methods as a means of co-producing research with people with lived experience. Pullen Sansfaçon et al. ran focus

groups using Participatory Action Research resulting in two papers (Pullen Sansfaçon et al. 2020 and 2022). Carlile (2020) used the Illuminate participant/researcher method where parents, volunteers and children and young people at a family support group developed their own questions and interviewed each other. One study (Riggs et al. 2020) interviewed dyads of trans young people and parents while the rest of those conducting interviews just spoke to parents or spoke to trans and gender diverse young people separately, reporting parents' views separately. The one qualitative study I found that presented free text survey data (Riggs and Due, 2015) evidenced a limited range of findings limited by the nature of the questions, presumably reflecting the researchers' agenda.

Data collected for previous comparable studies was coded and organised into themes for analysis by various methods which (if referenced) included thematic analysis (Braun and Clarke, 2006) most commonly, then grounded theory (Glaser and Strauss, 1967) and interpretive phenomenological analysis (IPA) (Smith et al. 2009). These methods allowed the papers to present rich detail of parents' lives via verbatim quotes focussing on their growing understanding of their children's lives, their interactions with family, friends and community, the roles they played there and with schools, healthcare and the law to support their child in whatever way necessary.

Secondary research

The four systematic reviews of qualitative evidence in relation to parents of trans children and young people focussed on themes including the primary and secondary support needs of parents (de Abreu at al, 2022a and 2022b), their experiences of pathologizing and affirmative care (de Bres, 2022) and parents' responses to their trans and gender non-conforming children (Tyler et al. 2023).

3.2 Literature summary

The studies identified mainly focussed on the nature of the parents' experience of raising a trans or gender diverse child and showed similarities internationally. Consistent experiences of challenges and support available both within families and in the wider world are recognised, while similar fears of abuse, lack of acceptance or inaccessibility of support resound internationally.

Some studies focussed on specific experiences or standpoints including:

<u>Theoretical perspectives</u>

- How parents negotiate the gender binary in the context of their growing 'critical consciousness of transgender possibilities' (Rahilly, 2015, p343)
- Theories and experiences of parental loss, specifically encounters with ambiguous loss (Coolhart et al. 2017)
- de Bres' (2022) systematic review of the qualitative evidence mapped the progression of parents, and those researching them, from pathological narratives of loss and trauma to affirming approaches that seek strength and hope in positive ways to parent gender diverse children

<u>Institutional contexts</u>

The experiences of parents with outside support including

- Medical transition (Riggs and Due, 2015, Riggs et al. 2020)
- Medical transition in the UK (Carlile, 2022, Horton, 2021a, 2022b, 2023b and 2023c, Mikulak, 2022)
- School (Davy and Cordoba, 2020)
- Affirming US mothers in family court for custody hearings (Kuvulanka et al. 2019)

Identity experiences

- Impact of support from other parents in similar circumstances (Field and Mattson, 2016)
- Mothers experiences of raising a trans child (Johnson and Benson, 2014, Kuvulanka et al. 2014)
- Parents advocating for their child (Schlehofer et al. 2021)
- Parenting trans children in Poland (Klonkowska, 2022)

Four main themes were identified from analysing the papers, each with multiple subthemes. These were:

1. *Identity* which included the child coming out as trans, the parents' growing understanding of their diverse gender identity and the impact of this on parental and family identities
2. *Interactions* included the challenges and support parents encountered with individuals (such as friends and wider family) and institutions (including school, health (primary care such as GPs and mental health *not* including gender specialist care), social work, family court and the media including social media).
3. *Support seeking* involved formal therapeutic and medical gender care, including the experiences of those seeking support in the UK either from the NHS GIDS clinic or private medical providers. It also included contact with the LGBTQ+ community and alternative sources of support.
4. *Parental focus and perspectives* included theories of parental response and challenges to their understanding of gender, the impact of intersectionality such as religion, culture and parents' own gender and sexuality on parental responses as well as the roles that parents play, their priorities and fears.

3.3 Theme One: Identity

Parents often spoke about their experiences of their child coming out to them as trans and growing to understand what that means for them (Barron and Capous-Desyllas, 2017) Kuvulanka et al. (2014) quoted a parent describing their child's transformation as giving them wings (p363) and explained transition as an external rather than internal process as, to them it meant aligning the external presentation of the child with their internal self. The child's presentation was often experienced as challenging to cultural norms of gender socialisation and engaged gendered parental responsibility, such as Klonkowska (2022)'s descriptions of Polish mothers being blamed for not having socialised their child correctly in gender norms.

Parents talked about how affirming the child's gender identity could be protective to their wellbeing (Kuvulanka et al. 2014, Pullen Sansfaçon et al. 2020 and Riggs et al. 2020) and how parents want to protect their children from their presumptions of the societal impact of their child's diverse gender (Horton, 2023a). Rahilly (2015) summarised parents as negotiating a 'daily tightrope walk' (p348) when the child's non-normative gender could be safely expressed or not, in public and private contexts. Many parents were identified to value consistency rather than ambiguity in their child's gender expression as a means of ensuring their child conforms to societal gender expectations. Evidence suggests parents were more comfortable when their child expressed culturally intelligible stable, binary identities than more fluid, non-binary identities (Alegria, 2018, Neary, 2019, Pullen Sansfaçon et al. 2022 and Klonkowska, 2022). Neary (2019) suggested the 'tendency to seek comfort in gender normativity was very often borne out of an attempt to protect their child in a rigidly gendered world' (p15). The irony of this desire for certainty, considering that otherwise childhood identity and physiology is considered 'indeterminate, unfinished, and plastic' (Gill-Peterson, 2018, p90) is rarely considered.

Parents explained their growing understanding of their child's identity. The only study that included a trans parent amongst the participants (Davy and Cordoba, 2020) identified parents describing their child's coming out and transition as a relational process with the

child. This process initiated parents seeking to develop their own understanding of trans experiences and linking the child's transformation with the parent's acceptance of them.

Differing perceptions of the speed of recognition of the child's identity and need for change were often encountered. Mikulak's (2022) study found parents describing feeling unprepared and rushed into needing to be informed and support their child's desired transition, usually resulting from the rapidity of oncoming unwanted physical pubertal changes. Trans youth often perceived parental and wider responses as slow, whereas parents perceived their need to learn and respond to their child's needs for change as quick. Some explained this as resulting from how much work (research on identities and transition options e.g. social, medical, both or neither) the child had done before coming out that the parent was unaware of. Pullen Sansfaçon et al. (2022) summarise this as 'youth often described it as a relief after years of hiding their identity and worrying about disclosing it to their parents, while for the parents it was a new reality to process and adapt to' (p1777).

These different paces of understanding may contribute to the regularity with which parental responses to their child's diverse gender involved narratives of loss of the child. This may also inform the emotionality attached to tokens of their previous identity, including their birth name, parents' expectations of the child's gendered future, grief and eventual acceptance (Field and Mattson, 2016).

Parents' loss was sometimes characterised as ambiguous where the child the parents knew is fundamentally changed but still present (Coolhart et al. 2018) particularly where this challenged societal norms, as discussed in Chapter One. Some parents talked negatively about change in terms such as being robbed of their child and their expectations of who they were (Gregor et al. 2015) or feeling that they had been displaced from their role e.g. when choosing a new name (Klonkowska, 2022). Others talked about their own guilt for needing recognition of their feelings in order to accept this new knowledge about their child (Davy and Cordoba, 2020) and their weariness at constantly needing to negotiate with others' reactions and 'arduous' societal gender norms (Neary, 2019). Parents that Gray et

al. (2016) spoke to identified ‘how important their child’s sex at birth was to their parental identity because of the gendered road map for parenting it implied’ (p420). Examples of this relational identity including one parent who said ’never, ever had it occurred to me how much I identified not just as being a mother but as being a mother of a daughter’ (p421). This relational loss highlights how fundamental a shift in the gendered identity of children within families can be, not just for the child, but in the family’s interrelationships as well.

Figure 5

Fear

The first reaction most parents get
when the kid comes out
is fear

Fear that the child has got it wrong
Fear that they've done something wrong
Fear that the child is going to be at risk

you feel very lonely
you feel lost
you feel hurt

"They're going to do horrible things to my children"

is all about fear.

"They're going to dole out medication and surgery before you're eighteen"

that's all about fear

All of this is brand new
it is ok to fear that
A lot of people
are not aware of anyone who is trans

the murder of Brianna Ghey.
someone just getting on with their life
gets murdered
It's really difficult to understand
what the fear is
You can not want to understand.
You don't have to think

"I'll kill someone"

always as a parent,
pray that your child
never gets into a situation
where something like that can happen.
That little thing at the back of your mind
"Just stay safe"
That's always the worry.
Why are people so afraid?
Because their children might come out?

people are so divisive
because something [is] fundamentally shifting,

pushing back
becoming this volcano
progress being made
pushing against the progress
because of fear.

All of this is fear based.
The safe space stuff is about fear.

"If everything else changes you've still got your gender,
so you know what your life is gonna be like"

"I'm a woman.
I'm always at risk and I have to be protected"
"Over time, I'll become a wise woman.
I'll know what's what."

You take that away and as a person
you haven't got a role

It takes feeling safe
and confidence to
dare to question
the securities in life,
things you are secure about knowing.
You need confidence and courage
to get past that
you will find the confidence
and the courage
most parents do

The answer to fear is
not aggression or rejection.
The answer to fear is kindness.

3.4 Theme Two: Interactions

The research found argues that parents' interactions with individuals and institutions were complex and emotionally intensive and supported de Abreu et al. (2022a and b)'s findings of these as 'fragile'.

De Abreu et al. (2022a) characterised *primary social networks* (the nuclear and wider family and friendships) as frequent sources of conflict where disapproval, rejection, a lack of understanding and feelings of exclusion were experienced. Many parents explained their interactions with individuals, such as friends and wider family, involved navigating openness and secrecy about their child's identity out of fear of negative responses (Capous-Desyllas and Barron, 2017, Klonkowska, 2022). Parents in Neary (2019) and Gray et al. (2016) stated that family and friends judged them for their child's gender and their response to it, blaming, judging them or accusing them of indulging the child's whims. Research highlighted multiple parental encounters with transphobic opinions and non-acceptance, including experiences of explicit stigmatisation, rejection and ostracization (Frigero et al. 2021). Parents mentioned a range of responses from acceptance to hostility and that they used careful selection of those it was safe to share information with and in what circumstances. Rahilly (2015) presented parental strategies such as 'playing along' (p343) to not disrupt the gendered presumptions of others. Many of the parents in these studies talked about strategically revealing the child's diverse gender when necessary to support their child's safety and prevent hostility. These carefully selected disclosures were employed by parents for different contexts such as what strangers, other parents at a birthday party or sleepover, what family and friends need to know when in regular contact with their children or at formal family occasions (Rahilly, 2015, Klonkowska, 2022).

De Abreu et al. (2022b) reviewed qualitative evidence from parents of trans young people regarding *secondary social networks* (healthcare, schools, communities and peer groups), that characterised healthcare as overly medicalised and inaccessible and schools as unprepared. These findings were supported by the literature I found where social institutions such as schools, healthcare, social work, family courts and the media

including social media, were often identified by parents as presenting challenges as well as potential sources of support (Barron and Capous-Desyllas, 2017). Parents engaged with these institutions seeking mental health care for their child, when struggling with dysphoria or to access medical transition, such as hormones, (Johnson and Benson, 2014, Lorusso and Albanesi, 2021), ensuring their child's gender is recognised and bullying addressed in schools (Davy and Cordoba, 2020) or where social care and family courts are involved, the child's gender identity is recognised and supported.

Parents often talked about primary schools being more accepting of their child than secondary schools (Capous-Desyllas and Barron, 2017, Davy and Cordoba, 2020) and religious affiliation appeared to have some influence with how supportive schools were (Capous-Desyllas and Barron, 2017, Kuvulanka et al. 2014). Parents talked about the emotional labour of gaining recognition and support for their trans child across all institutions (Davy and Cordoba, 2020, Mikulak, 2022). Generic health and social services were often criticised for their lack of knowledge of the needs of trans young people and referral to social services was identified as being used as a threat to affirming parents (Barron and Capous-Desyllas, 2017, Capous-Desyllas and Barron, 2017, Johnson and Benson, 2014), even prior to legal changes in some US states that placed gender-affirming medical treatment in the scope of child protection (Otten, 2023). However, no studies considered what experiences parents had with social workers or child safeguarding processes or on what basis social workers might make safeguarding decisions regarding these families. Kuvulanka et al.'s (2019) innovative study interviewed supportive mothers' regarding contact with family courts, where they felt judged for affirming their child in cases brought by coercive ex-partners who did not support their child's identity and sought 'family court who had sound knowledge of transgender identities and gender nonconformity in childhood or who were at least *not* [author's emphasis] transphobic' (p65). The parallels to be drawn with the current context for UK social work with trans youth and their parents are distinct (see 2.4).

3.5 Theme Three: Support seeking

Parents sought support from multiple sources. These included *formal* sources, such as mental health and gender healthcare, and *informal*, such as LGBTQ+ charities and self-organised parental peer support.

3.5.1 Formal support

Tyler et al. (2023)'s systematic review focussed solely on US and Canadian studies and aimed to summarise findings from qualitative studies as guidance for mental health social workers on the value of parents to the wellbeing of trans children and young people. They identified challenges for parents that included accessing support for their child's mental health and fears of the impact of medical interventions, as well as the potential for improved relationships with their child. Parents in the studies they found sought the assistance of mental health support, therapists and counsellors and suggested it was a matter of luck whether these professionals were knowledgeable or supportive of their child's gender (Gray et al. 2016).

Kuvulanka et al.'s (2014) US study found a mixed picture of therapists who were unsupportive, disinterested, ill-informed and actively trying to convert their child as well as supportive and knowledgeable therapists. Two studies referenced parents' experiences of 'reparative' therapy. Barron and Capous-Desyllas (2017) noted parents who had stopped treatment because their child was unhappy. A mother of a 10 year old described how a doctor advised her to make her child's play, clothes and hair gender appropriate and the impact on the child. 'It was devastating. We followed his advice for almost six months and … we literally witnessed our kid basically self-destruct. It was hideous' (Hill and Menvielle, 2009, p256). Riggs and Due (2015) identified positive and negative parents' experiences. Positives included the child feeling taken seriously, believed, affirmed, listened to and heard without being judged. Negatives included a GP being judgemental, critical and prejudiced by telling the child that they weren't trans, just afraid of puberty. A school counsellor told parents to take away 'boy's' clothes and force their child to wear 'girl's' clothes and a psychiatrist told parents to send their child to a 'boy's' school and force

them to conform to being a boy. Parents also reported being told they were too permissive and that this was the parent's agenda, not the child's.

Some practitioners and services were found to be supportive and knowledgeable, but this was dependent on the attitudes of individual practitioners (Gray et al. 2016, Kuvulanka et al. 2014, Riggs and Due, 2015) and finding these was considered 'lucky' (Mikulak, 2022, p85). Specialist gender services were noted as difficult to access internationally, such as Frigero et al. (2021) (Italy) and Pullen Sansfaçon et al. (2015) (Canada).

3.5.1.1 Gender healthcare in the UK

Three researchers (Carlile, 2020, Horton, 2021a, 2022ab and 2023abc, Mikulak, 2022) focussed on UK state funded NHS healthcare for trans children and young people. Users of the GIDS service reported serious concerns relating to widespread ignorance in the referral process, the length of the waiting list and lack of prioritisation of children and young people at risk while waiting, the lengthy assessment process involved in accessing any form of medical intervention and the rigid treatment protocols used by the service, even before the additional hurdles raised since the Bell v Tavistock (2020) judgement and the publication of the Cass Report (2024) (Chapter Two).

Those that accessed the GIDS service described the clinical practice they encountered as 'judgemental, pathological and out of date' (Horton, 2021a, p5) which was attributed to being structurally stuck at a time when gender healthcare was seen as treatment for mental disorder, rather than affirmation of gender variance (Horton, 2023c). Parents described feeling 'largely a mix of disappointment, despair and frustration' (Mikulak, 2021, p100) with many angry and confused by how GIDS works, citing the 'never-ending test of the young person's transness' (p107) while working to a binary stereotype of transness, overseen by mainly cishet[24] clinicians (Horton, 2022b). Multiple parents sought private gender healthcare to alleviate their child's distress and dysphoria while either waiting or

[24] Cisgender and heterosexual

being assessed, even though the GIDS service discouraged this and there being concerns about the quality of care available (Mikulak, 2022, p100-103).

3.5.2 Informal support

Parents also sought informal support from within the LGBTQ+ community and alternative sources. This resulted from both the inaccessibility of formal sources of support (either geographically, financially or because of long waiting lists) and their experiences of these clinics once accessed (Alegria, 2018). Organisations such as Mermaids, Gendered Intelligence, FFLAG (full name) in the UK and PFLAG (full name) in the US offer support to trans children and young people, their parents and families. This is mostly via peer support, which parents frequently reported finding useful for information and reassurance (Dunlap et al. 2023, Mikulak, 2022). More informal networks of parents, often online e.g. via private Facebook groups, offered peer education and support, particularly to those who are waiting to access formal support or for those who have had negative experiences of the support available in formal settings (Pullen Sansfaçon et al. 2022, Johnson and Benson, 2014). Those in contact with these types of support tend to be or become interested in supporting their child (Gray et al. 2016), although some parents were aware of online groups for those who do not support their child's diverse gender (Mikulak, 2021, Baker and Rocca, 2024). Lorusso and Albanesi (2021) describe parents, especially fathers, being changed by learning about trans experiences, making them more willing to stand up for their child's identity. De Abreu et al. (2022b) suggested from their systematic review there is a contrast between the unpreparedness of professionals and institutions to welcome trans children and their families and informal peer groups that offered the main network of support. Participants in Grey et al.'s (2015) study identified engagement with the LGBTQ+ community, especially people with trans lived experience, as essential for seeing positive potential for trans lives and increased confidence in transition-related decision-making. Horton (2022a) suggested delays to child's social transition could result from lack of knowledge of trans possibilities and delays to medical transition resulting from interparent disagreement (Riggs et al. 2020, p8).

3.6 Theme Four: Parental focus and perspectives

The final theme considers parental perspectives and responses to the experience of supporting their child's gender identity. Theories of *grief* and *ambiguous loss* as parental responses were referenced, whilst being critiqued as inadequate and problematic for a child that remains present (Pullen Sansfaçon et al. 2020 and 2022, Field and Mattson, 2016, Riggs et al. 2020, Gregor et al. 2015, Dunlap et al. 2023). Continuity 'in terms of the relationship with the child' (Riggs et al. 2020, p14) was offered as an alternative framing where the ongoing relationship beyond any change or difference was to be valued. Mikulak (2022) argues persuasively that the loss experienced by parents is not of the child, but of their own certainty in socio-cultural expectations of gender and personhood – of 'cis-certitude' (p39). Parents identified seeking ways to parent their trans child that included joy, affirmation of the child they knew and coming to terms as a process. Parents often struggled with a *move from parent-led to child-led* framings of identity (Neary, 2019, Horton, 2022a) as well as their own ignorance of wider LGBTQ+ experiences, especially trans lives and possibilities (Barron and Capous-Desyllas, 2017, Rahilly, 2015, Neary, 2019).

Trans children and young people posed challenges to parents' conceptualisations of gender. Rahilly (2015) identified parents 'gender literacy' (p349) where parents began to negotiate their child's gender in relation to external gender norms as well as their own internalised expectations of gendered behaviour and presentation. This evidenced the increased 'child-directed nature' of parents' responses where they 'deferred to their children's self-conceptions.' One parent recognised their 'intellectual work [...] to deconstruct conventional "truths" about sex and gender, [...] that she has internalized' (p351) This suggests parents are challenged to renegotiate their understanding of the interrelationship between the physical developments of puberty and their expectations of the child's resulting social and emotional development. These encounters with the child's reaction to the physical manifestations of puberty as a watershed of gendered physical change in a trans young person's life often drove the child's interest in medical transition (Riggs et al. 2020, Horton, 2023b) which parental support was crucial to access. These

requests to interrupt the normative pattern of physical, social and emotional development were driven by requests from the child and the parents' responses were motivated by '(1) protection of short and long-term mental health, and (2) enabling adolescent well-being and quality of life' (Horton, 2023b).

Intersectional perspectives were identified as having a part to play in parental responses, since multiple axes of power and difference such as gender, sexuality, class and race were also evident in parental narratives (Cho et al. 2013). Parents who already held what were characterised as 'non-traditional beliefs,' such as feminism, supporting LGBT and other rights were identified as being more inclined to support their child, although this was not consistent (Hill and Menvielle, 2009). For example, one lesbian parent identified themselves as 'borderline transphobic' and feeling family pressure to have a 'normal child' (Rahilly, 2015). Religiosity was frequently identified as a factor in conservative beliefs that might affect the parents' response to their child (Lorusso and Albanesi, 2021, Frigero et al. 2021, Neary, 2019, Alegria, 2018, Bhattacharya et al. 2021, Capous-Desyllas and Barron, 2017, Klonkowska, 2022 and Kuvulanka et al. 2014), although this wasn't consistent. The mother in Johnson and Benson's (2014) case study expressed surprise that a Christian family member was openminded and willing to learn.

Mothers were more likely to be singled out for criticism and responsibility for their child's diverse gender (Neary, 2019, Frigero et al. 2021, Johnson and Benson, 2014, Kuvulanka et al. 2019). This was explained by Klonkowska (2022) as resulting from the allocation of responsibility for children's gender socialisation to mothers. Fathers across cultural and geographical contexts were characterised as slower to accept, less likely to be supportive or actively hostile to their child's diverse gender (Hill and Menvielle, 2009, Kuvulanka et al. 2019, Neary, 2019, Pullen Sansfaçon et al. 2020, Riggs et al. 2020 and Riggs and Due, 2015). Ethnicity was identified as increasing complexity of responses to changing gender signifiers, such as conflicting with norms relating to gender and hair in African American cultures (Capous-Desyllas and Barron, 2017) or experiencing greater hostility than white trans young people (Gray et al. 2016). The impact of class and social privilege was

identified in the confidence of middle-class parents negotiating for the rights of their trans children (Neary, 2019).

Parents were identified as taking on a number of roles in relation to their child. These included the role of *educator,* where parents shared the knowledge they acquired from their child and their research into trans experiences with other parents, family and formal spaces, such as school and healthcare, in the interests of both their child and the wider trans community (Davy and Cordoba, 2020, Gray et al. 2016, Johnson and Benson, 2014, Lorusso and Albanesi, 2021, Neary, 2019, Rahilly, 2015 and Schlehofer et al. 2021). Some studies described the shift in power involved in parents learning about diverse gender identities from their child and educating themselves about trans experiences (Bhattacharya et al. 2021, Frigero et al. 2021, Hill and Menvielle, 2009, Johnson and Benson, 2014, Kuvulanka et al. 2019, Neary, 2019, Pullen Sansfaçon et al. 2022 and Rahilly, 2015) as very few were aware before their child came out to them. Some parents experienced pushback where they were told by others that they should tell the child about the world, not the other way round (Capous-Desyllas and Barron, 2017).

Advocacy as a parental role to assert the needs of trans people, whether their own child or on behalf of other trans children and young people was identified in multiple studies (Alegria, 2018, Bhattacharya et al. 2021, Davy and Cordoba, 2020, Gray et al. 2016, Hill and Menvielle, 2009, Johnson and Benson, 2014, Katz-Wise et al. 2017, Kuvulanka et al. 2014, Mikulak, 2022, Neary, 2019, Rahilly, 2015, Riggs et al. 2020 and Schlehofer et al. 2021). Studies identified where this wider social advocacy by parents could be considered *activism* focused on community work to make safer spaces for their children to live safely and happily, as well as to visibly demonstrate their support for their child (Katz-Wise et al. 2017, Klonkowska, 2022).

Parents talked about various priorities for the future, mainly the happiness, safety and wellbeing of their child. This included valuing affirmation and social transition (Horton,

2022a and 2023a) and connecting with the trans community (Katz-Wise et al. 2017). Fears parents expressed about the future included negative impacts from the child's gender identity and transition, such as hostility from others leading to self-inflicted harm (Pullen Sansfaçon et al. 2020, Alegria, 2018). Many parents desired a comprehensible, linear binary gender identity for their child (Frigero et al. 2021) and for them to pass in their acquired gender (Field and Mattson, 2016), mainly to keep them safe from others. Other parents struggled to see the future (Gregor et al. 2015) or hoped that they would not change their mind (Sansfaçon et al. 2022). Grey et al. (2015) highlighted parental tactics to rescue their child from a trans identity by promoting social norms and noted parents who wanted to rescue their child being relieved when the child's expression "went underground," echoing Halberstam (2018)'s identification of the priorities of middle-class parents that Neary (2019) looked for but did not find in those she interviewed. Parents who recognised the happiness and positivity of their child when their identity was affirmed made supporting the child a priority (Horton, 2022a).

3.7 Conclusion

This literature review suggests that across mainly English-speaking cultures, parents encountered similarly complex and emotionally demanding experiences of supporting their trans child. They are often unprepared, particularly in more socially conservative contexts, with little understanding of the potential of trans lives. The support parents seek from family and institutions is often ill-informed, pathologizing and fragile. Parents desire to support their children, keep them safe and enable them to lead happy lives and they negotiate with hostility, indifference and ignorance to try to achieve this. Their efforts to support their child often involve poking at the fabric of societal gender norms, concern that their child's difference will expose them to risk and experiences that impact parents' emotional wellbeing. Pathologization remains a feature of gender healthcare, especially in the UK even before the impact of Bell v Tavistock (2020) and the Cass Review (2024) had been felt, and the diverse needs of parents and families have not been fully explored in more affirmative ways. Parents experienced powerlessness in many contexts regarding

supporting their child and found valuable guidance in peer groups of parents and the LGBTQ+ community where hierarchical power relationships were less evident.

From this review of the literature, the following research questions for this study were developed:

1. How do parents of trans young people describe the process of deciding to support their child's gender identity?
2. What part do the parent's gender and other diverse experiences play in their relationship with their child's gender identity?
3. What stories do parents tell about their priorities, influences and concerns in decision-making regarding their trans child?
4. What did the parents of trans young people value or struggle with about the formal and informal support they found?
5. How do parents of trans young people envisage the future in relation to themselves and their child?

The literature reviewed evidenced limitations in the sampling the participants represented and the methods used to elicit data, that will be further explored in Chapter Four.

Chapter Four

Methods for Parents of Trans Youth to Tell their Stories

4.0 Introduction

In this chapter, I introduce the interpretivist foundation of this study and explore the reasoning for adopting a feminist queer methodology based in social work values, supporting creative research approaches. I explain how the emphasis on centring marginalised voices was drawn from limitations in the methods used in existing qualitative research (Chapter 3). I will explore how this influenced my sampling approach, use of narrative and object elicitation interview methods and narrative, arts-based approaches to data analysis and presentation. I note the impact the hostile climate for trans people and research fatigue had on recruitment for this study and will explain the development of poetry from transcript data that enables the reader to connect with participants' stories and feelings.

4.1 Methods used in previous studies

Reviewing the existing literature included consideration of the sampling, data collection and analysis methods used in previous qualitative research with the parents of trans young people (Chapter Three). This suggested that the everyday, lived experiences of parents of trans young people had been mainly elicited using similar research methods e.g. semi-structured interviews and thematic analysis. The possibility that different approaches might elicit alternative perspectives to the often clinician-led research was identified. Paying attention to methods that centre marginalised voices and disrupt power relationships in the research design was a priority to enable access to new insights.

4.2 The questions we ask determine the answers we are given: ontological and epistemological thoughts

My approach to this research was informed by my social work values. I view individuals as experts in their own experiences and the stories they construct of their life histories as the foundation for my engagement with their world in practice. The social work assessment, to me, is a narrative form, asking people who are given the title "service users" to tell stories of need and risk for me to record as requests for assistance, in the language required for the neoliberal construction of UK social welfare (Harrell et al. 2022, p61). They are not complete tellings, more structured narratives of vulnerability, problematised for the social care system.

UK social work's professional values, including social justice, challenging oppression and respecting diversity (BASW, 2021b), underpin my prioritisation of the person's voice in social work practice which influenced my research design decisions. Gilgun (2022) identifies one of the goals of social work research as the 'promotion of just and caring policies and practices and the dismantling of systems of oppression' (p2) suggesting social work research should be guided by ethical, co-produced research methods and the lived experience of research participants. However, the desire for professional status in social work tends to value positivist research designs as more scientifically valid, as one element of what Harrell et al. (2022) call 'the braid' (p59) that confines social work thought and practice. This can prioritise research approaches that lack 'lived experience - this evidence of how things truly are – [and] profoundly limits [the] ability to foresee and prevent harm, to identify existing problems in the world and imagine possible solutions' (D'Ignazio and Klein, 2020, p29). Learning from lived experience is fundamental to social work knowledge and practice and, without this, the risk of social policy that ignores marginalised lives is heightened, as evidenced in critiques of the Cass Report (Horton and Pearce, 2024).

Considering social work values led me to ways of knowing that prize the expression of individual lived experience, including methods that support people to construct life stories. This mode of understanding aligns with interpretivist and subjective standpoints

(Bryman, 2016, p692) that can challenge objectivist epistemologies as 'feminist research offers social work opportunities to deepen *what* and consequently *how* we know when it comes to services, interventions, and practice' (Harrell et al. 2022, p70). The tension at the heart of social work practice is that interventions are built on the assumption of the reality of the stories people tell about their own lives, as well as the narratives others construct about them. However, to take a post-modernist perspective (Leavy and Harris, 2019, p65), I argue there is no fixed objective reality or narrative truth that overrides all other accounts. The context for the story being told dictates why the life is being constructed in that way. 'Stories are one of the most compelling ways to communicate, make sense of, preserve, and share human experience [...] It makes sense then, to [...] use the power of narration and stories to tap into lifeworlds' (Rau and Coetzee, 2022, p2) and recognise a breadth of possibilities, rather than pinning down to specific narrative accounts. This desire for diverse insights to the existing evidence base on the experiences of these parents prompted investigation of approaches that offer space for the breadth of the stories these parents chose to present for the collection of qualitative data as, I argue, what is told in the research interview is as limited by the questions that are asked as a social work assessment.

Stories about identity can be reductive if they do not recognise multiplicity of identity and intersectionality as 'no individual lives every aspect of his or her existence within a single identity category. Every person is a crowd, characterized by multiple identities, identifications, and allegiances' (Chun, Lipsitz, and Shin, 2013, p923). What stories the person chooses to tell of the particular identity that is in the frame for the research conversation, such as 'parents of trans young people,' may also hint at other identities and allegiances and could align with or challenge other stories they tell. Harrell et al. (2022) argue that 'feminist research principles offer an opportunity to center social change, trouble and expand the politics of evidence' (p67). Locating this research in feminist and queer traditions allowed space to counter the questionable level of nuance in the representations of parents of trans young people's lives in the public domain (Chapter Two) and made disrupting the location of power a key priority for my research design.

Parents' construct accounts of their experiences for their interactions with their child, partner/s, close and wider family, friends, social media, schools, medical and social work professionals, in gender healthcare and elsewhere. Each parent's account has been constructed for that particular context for a particular effect, forming situational narratives which each have a relationality to their experience and are designed for a purpose, to communicate a perspective and argue for an intervention. This aligns with how Staller and Chen (2022) describe the interaction between interpretivist ontology and social constructionist epistemology. They describe how 'jointly developed understandings of human interactions fundamentally form our views of reality (ontological stance), [meaning] you may think that getting to know such reality should centre on how humans form conventions, construct meanings, and interpret social interactions (epistemology: social constructionism)' (p7). To engage with these social meanings, creative, narrative research methods offer means to access everyday, feelings-based biographical accounts of experience that are often hidden, ignored or considered too emotional to be valid and robust data. Casey and Murray (2022) offer arts-based research as giving 'fruitful and innovative' (p2) access to unexpected insights into lives and experiences as a result of the 'experiential, dialogic engagement' (p2) between the individual and the art. There is therefore a congruence to utilising the creative arts to access insight into how participants understand, make meanings and tell stories about their feelings and motivations.

Leavy and Harris (2019) suggest feminist intersectionality as a methodology that acknowledges diverse experiences and attempts to address marginalisation within what can otherwise appear a single homogenous experience. The access to the stories of white, middle-class, cishet women as parents in comparable research, identified in the literature review (Chapter 3), suggested the need to explicitly promote the inclusion of a broader range of perspectives in the recruitment and selection of participants.

Since the materiality of what is affecting the lives of parents of trans young people - gender - is something that is considered to exist in both the material (physical embodiment) and non-material (internally understood identity) worlds, methods that promote the exploration of the participants' internal emotionality were prioritised. Gender exists as a

visible construct of how people present themselves to, and experience themselves in, the world (Butler, 1993) and as an internal psychological experience that is intangible to all but those who are living it. Fine (2010) describes (in the context of scientists endeavouring to find where biological sex is located in the brain) a 'moving target …in continuous interaction with the social context' (p236). This places research on gender - or those supporting those of diverse gender - in a space where approaches that resist medicalised and positivist explanations for this complex, multi-layered experience are valuable as they can disrupt routinised power relationships. Milani and Borba (2022) argue for queer research's resistance to norms in research as 'despite their undisciplined heterogeneity, these 'anti-methods' are, in fact, good examples of queer methodologies informed by an activist urge to *intervene* in oppressive regimes of the normal' (p4) in a similar endeavour to the parents Rahilly (2015) identified as resisting the gender binary 'truth regime' (p341). There is great appeal – to this parent/academic/activist - of methods that resist the allure of positivist and universal explanations to allow the exploration of stories, metaphors and symbolism, focussed on parents constructing their lives in varied ways to navigate multiple contexts and multiple expectations placed on them by formal and relational social worlds. This reformation and altered representation of experience could then be formulated as an act of social justice. Ellingson (2009) locates this urge towards the creative as a feature of interpretive research design which 'inspired a wide variety of creative forms of representation of qualitative findings, including narratives, poetry, personal essays, performances, and mixed-genre/multimedia texts as alternatives to the hegemony of traditional social scientific research reporting strategies that pervaded the academy' (p1). The possibilities offered by creative approaches to serve richer and deeper access to the experiential, psychological nature of the world of these parents informed the research design process.

4.3 Research design

Biography, life stories and narratives are means by which people communicate explanations or sequence events formulated to present themselves in a situation or context – what Rau and Coetzee (2022) describe as 'a rich, diverse and complex patterning of human life and meaning' (p2). Research methods that consciously aim to offer space for storytelling, for the person as agent, constructing the story of their life or experience, can be an effective means of engaging participants and appeal to me as an enthusiastic reader of literature and creative writer. These forms can be particularly effective at engaging hard-to-reach participants since stories are a familiar means across cultures by which people share their experiences, outside of the research context. Eichsteller and Davis (2022) identify 'the evidence of a person's biography is the product of a reflexive process and collaboration between that person and their interlocutors' (p9) which suggests the relationship between the research subject and the researcher is more open to the participant's narrative when the power relationship is collaborative rather than hierarchical. Highlighting my insider status as a parent of a trans child aimed to support access, not just to the participant as subject, but also to commonality of experiences and explanations closer to parents' own viewpoints than if being asked by clinicians or other authority figures.

Accessing the stories told by people about their lives, builds richer understandings of the ways they build meaning over time and interweave experiences into their understanding of themselves. Where often sociological inquiry is focused on 'making the familiar strange' (Delamont, 2010) it is tempting to see the experiences of these parents as already strange as they were, until recently, not in the public eye and therefore not familiar. Since trans children have been, 'a completely overlooked field of lived experience, knowledge and embodiment that have been lost through the positivist mythologies of the twentieth century' (Gill-Peterson, 2018, p16) their parents' experiences have also been as unfamiliar. However, my experiences as a parent of a trans young person could mean greater familiarity to me as a researcher and this proximity could risk 'two-way taken-for-granted cultural competence' and a 'deadening effect' (Mannay, 2010, p94) on the data collected.

A parent-led approach to generating the interview subject was therefore desirable to ensure that my perspective did not dominate the discussion.

This potential for assumption formation about parents of trans young people suggested the use of research methods that put them in positions of power, exercising choice, in a way that researcher and/or clinician-defined questions and topic guides might not. My position as an insider – as a parent of a trans child - and an outsider - as a researcher/social worker/academic - required conscious and ongoing examination. Hodkinson (2005) argues the priority for insiders undertaking research is to consciously shift identity from "insider" to "insider researcher" as this is likely to address the familiarity problem. Otherwise, 'too much [could be] taken as given, whether in terms of questions not asked or information not volunteered' (Hodkinson, 2005, p139). I was conscious of the need to identify any presumed basic knowledge that might be mutually understood as parents with this experience but might not be comprehensible to outsiders and prompted participants to explain where necessary. My role as researcher was to build a researcher/participant relationship where I enabled the participant - as a 'data-collection instrument' (Rossman and Rallis, 2012) - to tell the stories that were important to them about their experiences whilst remaining aware of my influence on the stories being told.

4.3.1 Ethical approach to researching trans families

The contested context for trans people in the UK and wider world, means that parents of trans young people, as much as their trans children, are at risk of public censure and hostility (Chapter Two). Consequently, research ethics were the subject of ongoing reflection and revision.

4.3.2 Researching parents of trans youth

The close alignment of parents to their trans children can result in 'experiences consistent with distal and proximal forms of minority stress' (Hidalgo and Chen, 2019, p879) which is linked to poor mental and physical health outcomes. Consciousness of this led me to carefully consider the emotional wellbeing of participants in the interviews to ensure I minimised these forms of stress or trauma.

I noticed experiencing similar minority stress to that Hidalgo and Chen (2019) identified while conducting this research, such as 'negative future expectations' (p877). I have felt anxious about whether publication of this research would put my child and family at risk, whether my research was useful or intrusive into the lives of families of trans young people and whether I should be bothering these parents at such a difficult time. Interviewing parents and hearing how important it was to them that their voices are heard and their children support them talking to me about their experiences gave me some confidence that there is value in what I have done. But being a publicly supportive parent of a trans child is not a comfortable space to occupy in the academic world like anywhere else. I cannot predict where support or hostility may be and it was not always clear what value there might be in amplifying these parents' voices at this time.

Pearce (2020) talked about the potential for secondary trauma to be experienced by researchers and the value of reflexivity regarding my emotional responses as a means of processing experiences as well as the support of my supervisor as a way to manage my anxieties. I found the concept of 'research discomforts' (Critical Methodologies Collective (CMC), 2021) valuable regarding working with my anxiety as a researcher, offering an understanding of the times the research process might make me and those I interviewed uncomfortable. They identified undertaking qualitative research as always a political act - 'to create a representation is always a political endeavour' (CMC, 2021, p2) so through aspiring to promote the voices of parents of trans young people I engaged in an act of social justice. Though this parent-researcher-activist space might be uncomfortable, the

discomfort I felt can be weighed against the value of promoting the recognition of marginalised voices.

The advocacy that Manning et al. (2015) and Dyer et al. (2022) identified parent-researcher-activists engaging in on behalf of their trans children was explored regarding parent-advocates by Schlehofer et al. (2021). They suggested that parental seeking of resources and support often developed into more formal advocacy for trans people outside of their family, including acting as educators for other parents and schools and organising parents with, for example, PFLAG [full name] in the US and FFLAG [full name] in the UK. Parents in Schlehofer et al.'s (2021) research were concerned that their visible support for their child in their local community might increase the risk of harm to the child 'in terms of bullying and harassment, as well as their privacy and safety' (p463). This accords with my concerns about involvement in research as risky to my child's safety and wellbeing and prioritised the careful anonymisation of the data that these parents have chosen to share with me, to support trust and prevent harm to those involved (Chamberlain and Hodgetts, 2022).

I sought spaces where parents had gone to find support to affirm their child to inform my research design. As well as protecting my wellbeing by reducing the risk of interviewing actively trans-hostile parents, I could also reduce the risk to trans young people whose trans-hostile parents might feel validated by their presence in my research. Although this approach was likely to minimise the likelihood of encountering non-supportive or ambivalent parents in the research interviews, I was prepared to encounter ambivalent and/or hostile perspectives and treat them with the same curiosity I would expressions of support. I used journalling and supervision to manage my responses to these encounters. Some of the parents interviewed talked about their initial ambivalence and distress at their child's trans identity and their confusion at their child's gender diverse expression that they had worked to address which the interview method made space for them to explain. Having space to discuss and explore my response to this ambivalence allowed me to ensure these experiences were represented as part of the parents' overall journey.

Humphrey et al. (2020) identified the risks of researching sexuality and gender as of interest to ethics committees. The risks that participants faced through involvement in my research could also affect their child which made anonymisation an important feature of planning my data collection and presentation as well as the consent process with parents (Appendix C).

4.3.3 Researching trans people

The close relationship between the experiences of parents and their children means that the considerations required by trans people for ethical research are relevant to apply to these parents. Adams et al. (2017) identified nine guidelines for health research with trans people, most relevant of which were engagement with the trans community in developing research, reflecting the diversity of trans and gender diverse communities and keeping paramount the confidentiality of participants. Vincent (2018) developed these standards for social science research, adding guidelines including paying attention to language, considering feminist methodological contributions and addressing intersectionality in research with trans communities.

These standards informed elements of the research design, including the publicity materials and purpose and nature of the initial demographics survey. Humphrey et al. (2020) identify 'well-noted issues with obtaining representative samples in research; there is a particular concern that findings may over-represent views and experiences of people who are more 'visible' or face fewer barriers to research participation' (p3), which holds true for interviewing parents rather than their children. I was aware that by choosing to advertise for participants and conduct interviews online I was limiting the nature of the sample. Adams et al. (2017) state online research is 'strongly correlated with overwhelmingly white and highly educated samples' (p169). I hoped that increasing online communication and video calling during and since the Covid-19 pandemic across education, work and family life could engage a broader sample, increase the potential to

contact participants across the UK who I was not able to travel to interview in person and aid participants to feel comfortable during interviews since they would be in a familiar location.

4.3.4 Research design: Sampling

I took a purposive sampling approach, advertising for parents of trans young people from puberty to 18 years of age in online support groups for parents of trans children and young people. I presumed that these parents were inclined to be supportive of their child's gender identity because they had sought and joined parent support groups. I advertised for parents whose child identified themselves anywhere under the trans umbrella, giving binary and non-binary examples of gender identity, as well as giving a broad definition of parent to include biological, foster, step, adoptive and grandparent e.g. anyone who took a recognised parental role with the trans child (Appendix A). I settled on the trans child's puberty as a starting point in light of the current context of public debates around the legitimacy of prescribing puberty blockers and/or gender-affirming hormones. Mixing stage of development with age as selection criteria had the potential to cause confusion. At least one prospective participant was not sure if their child had started puberty. I took the view that if the young person had not yet reached the recognised biological markers of puberty, it was likely that the family had not yet encountered the challenges in medical assessment, decision-making and negotiating with young people's gender health services that I was interested in their perspective on, so did not include them in this study.

As the literature review (Chapter Three) shows, the majority of participants in previous research in this area were white, heterosexual, middle-class, cis mothers with high levels of educational attainment. The relative absence of the voices of cis fathers, of Black, Asian and minority ethnic parents' experiences and of LGBTQ+ parents was something I hoped to address so I deliberately mentioned welcoming these parents in the hope that this explicit encouragement might make diverse parents more willing to engage (Appendix A). In conversation with participants before, during and after the interviews, I noted the

difficulties of recruiting cis fathers and some suggested their partner might also be interested in being involved in the research and one participant was recruited in this way. I constructed an online demographics survey so I could identify participants by gender, sexuality, ethnicity and relationship to their child, using text boxes rather than a list of pre-determined identity categories, so the participants could self-define. This was so that if I had too many participants I could select by these demographic priorities. Recruitment was difficult and the sample size remained small so I did not need to select, however, it was useful to recognise the range of experiences and perspectives that were available within the sample.

Five participants were recruited to the interviews which took place via Cardiff University Microsoft Teams between December 2022 and March 2023. The interviews lasted between one hour and ten minutes and one hour and forty minutes. The interviews were recorded and transcribed via Microsoft Teams, then the transcripts were edited for accuracy.

All participants identified themselves as cis, although one suggested that had they been younger they might have considered themself non-binary. Four identified themselves as mothers of trans young people and four as heterosexual, with the other identifying themselves as pansexual. One participant was a cis father and two participants were married. One participant identified themself as mixed race while the rest identified themselves as white, with three European and one British. All participants are identified, where they are by name, using a pseudonym chosen by the participant or, if none was supplied, the researcher. For anonymisation purposes, pseudonyms are not used where distinctive experiences may risk patchwork identification.

4.3.5 Researching hard-to-reach and vulnerable communities

Vincent (2018) noted a tendency that 'most research on transgender people … was by clinical researchers' (p105) which tended to pathologize trans identities as requiring medical, especially psychiatric, intervention rather than affirmation and validation. In an

attempt to address the power differential inherent in the clinician/professional/academic -- participant/patient/service user dynamic, I decided to advertise for research participants only in LGBTQ+ community and parent-led organisations (such as Mermaids and Gendered Intelligence) or parent-run groups (such as private groups on Facebook or at a grassroots level via groups such as FFLAG), to recognise the part that mutual aid and 'chosen family' plays in support amongst the LGBTQ+ community (Levin et al. 2020). By deliberately contacting spaces where there is a collective, self-help ethos, rather than organisational and clinical hierarchies, I aimed to engage with supportive parents as peers as an insider whilst also instilling confidence with my academic and professional credentials.

I found from their websites that larger trans child and family support organisations in the UK (Mermaids and Gendered Intelligence) were no longer open to individual researchers as they had been in the past. This partly reflected the hostility these organisations have encountered in the public eye (Bailey and Mackenzie, 2023) as well as the 'research participation fatigue' (p2) that Vincent (2018, quoting Tagonist, 2009) argues increasingly affects trans people. My attempts at snowballing may have offered an added burden to trans charities already 'heavily saturated with requests for assistance or the circulation of calls for participation from researchers' (Vincent, 2018, p17). Chamberlain and Hodgetts (2022) identify the importance of developing relationships with gatekeepers where communities are hard to reach. Where I had existing contact with parents' groups e.g. a Facebook group I was already an active member of, responses came quickly. Where I was less known, even though making contact via a mutual acquaintance as an insider, responses were slower or understandably suspicious of my intentions. Ultimately I decided not to pursue further participants, beyond the fifth, in light of the challenging public context for these parents and the richness of the data I had already collected.

4.4 Data collection

To apply a queer feminist methodology, I considered participant-led, creative methods that could enable parents to construct stories based in their everyday priorities. I was keen to avoid constructing interview questions from my interests so looked to methods where construction was the task for participants. Wengraf (2001) notes that you (the researcher) do 'not leave behind your anxieties, your hopes, your blindspots, your prejudices, your class, race or gender, your location in global social structure, your age and historical positions, your emotions, your past and your sense of possible futures' (p4) when constructing interview questions. Asking similar questions to previous studies risks prompting similar or rehearsed responses, especially where participants have already been involved in similar studies, as at least one of my participants was. To enable the construction of new stories, I looked to creative methods to open space for different conversations. I chose to deliberately avoid methods that are also used in assessment by social workers and at gender clinics, such as timelines and chronologies, or that I have encountered in other research with these parents, such as starting the interview with a question about when the parent first became aware of their child's gender identity - "the coming out question."

4.4.1 Narrative interviews and material methods

Creative methods to elicit new or different stories from participants became my main focus for data collection because my experiences as a parent led me to believe there were more stories yet to be told. Freeman (2018) makes the distinction between the 'life as *lived* and life as *told*, from the vantage point of the present' [sic] (p126) which offers a useful separation between assuming the possibility of accessing an objective retelling of the past from a tale told in the present.

Biographical story-telling can take many forms. My interest was not in accessing the full life history of parents as this risked treading too close to clinical models of life-story work. I was more interested in the parents' subjective world and means to access the everyday as

a space where the run of the mill and unremarkable might offer intimate insight into the minutiae and nuance of these experiences (Rau and Coetzee, 2022). The biographical-narrative interviewing method (BNIM) offered a structure for the 'elicitation and provocation of story-telling, of narration … which starts from a single initial narrative question' (Wengraf, 2001, p111). This method appealed because it is designed to generate opportunities for participants to tell stories than for me to set the agenda of subjects for discussion. Participants are asked a Single Initial Question (SQIN) to start (Wengraf (2001)'s example, p123) and then subsequent questions are generated from key themes they mentioned during the initial narrative, as prompts.

I was interested in using creative methods for the SQIN and identified *object elicitation* as a method that built from the materiality of an experience, so participants could decide which stories to tell in relation to their child. Woodward (2022) suggests object interviews are just one way that objects can be used to offset power imbalances in more traditional interviews, challenging 'assumptions that objects are passive where only people have agency – people use things to create meaning' (p4). Focussing on things rather than people in interviews offer 'a different materiality and so allows people to engage with and talk about their past in particular ways [that can] allow additional memories to emerge … as well as produce a more nuanced narrative' (p6). The use of objects drawn from everyday experiences also aligns with feminist methodologies. Valuing methods that encourage participants from marginalised groups 'to creatively voice their stories in ways that can bring about change to issues of social injustice' (Hawkey and Ussher, 2022, p18) can disrupt the researcher-participant hierarchy.

Object methods have been utilised powerfully in gender research. For example, Owen's (2020) case study of a crossdressing cis man and their use of self-storage as an intermediate private space where aspects of his identity could be enacted away from the social norms at home. The trust and rapport built between the researcher and subject was evident from their interviews and object elicitation allowed exploration of the participant's storage space, their clothes and wigs and access to the participant's meaning in relation to

private space, the nature of “closeted” identity, the power of performance and risk in negotiating self-expression.

Warren Ellis (2022) wrote about the experience of becoming obsessed with, locating, preserving, then making art from a piece of chewing gum that Nina Simone chewed on stage in 1999. He explained ‘the things we collect are the things that are of significance to us first and foremost. Outside your orbit and people connected they have no significance’ (Ellis, 2022, p83). The significance and meaning held by the object is most rich when explained by the individual who constructed its symbolism and purpose. The power that objects can acquire for individuals and communities through their association with people, events and ideas are an ingrained part of the human condition. Ellis draws a parallel with religious objects as an example of objects constructed to hold powerful cultural meaning. He describes a friend putting ‘the word ‘relic’ again in my mind, an artefact, this little object carried devotionally and transformed to make something greater’ (p144-145). Objects can accrue meaning with weight far beyond their physical nature, into the symbolic and devotional and supports their potential for accessing stories with emotional weight. Exploring the meaning objects are given through their proximity to events can allow access to other meanings, other stories, than those defined from outside of the experience.

Doel (2019) used objects to explore social workers’ lived experiences of practice through ‘display rather than definition or description’ (p824). The 40 Objects for Social Work project placed the object (and the contributor's description) as the main feature of the research process. Meaning construction and metaphor were available but not fixed by those whose contribution gave these everyday objects significance. The ephemeral nature of social work as a relational profession means that objects as signifiers are more individual and situational than, for example, the medical or educational professions who might identify medical equipment or teaching resources as common and recognisable materials related to their profession. This allows space for diverse signifiers of professional meaning from encounters and working practices to be identified. Watson et al. (2020) identify the value of objects for life story work with children in care. Using special objects was seen as offering

space for 'identity and continuity of sense of self' in a form that the child can have 'agency and control over' (p701), when often this is absent from other aspects of their lives. Attention to the meaning placed in objects and the stories told about them offers a means to increase power and agency where people are marginalised.

I supplied my example object, with an explanation, with the publicity materials for the study (Appendix A) to help participants consider what object they might choose. My object - a pair of Yo Sushi chopsticks - had significance in relation to supporting my child with medical transition. I considered whether the nature of this object and my explanation risked being too limiting to the kinds of objects or pictures that participants might bring. I decided to offer a "*day in the life*" of themselves as a parent as an alternative initial question, if deciding on a suitable object was difficult. I was interested whether this might prompt explorations of familial relationships and experiences of class and privilege that might not be visible elsewhere.

4.4.2 Reflection on data collection

The online interviews were, in the main, successful. Technical issues affected the first interview but did not detrimentally affect the experience, reflecting Roberts et al.'s (2021) suggestion that this can be both a drawback and a benefit of interviewing online.

> Use of videoconferencing software may negatively impact rapport if there is poor connectivity or "dropped" calls [...], experiencing technical difficulty can also have the unintended benefit of increasing bonds between the researcher and participant as they work together to resolve the technical issue (p2).

Of the five parents I interviewed, four chose to bring objects from the outset and the fifth, although they initially talked about a day in their life, identified an object that they would have talked about from the start of the interview if they had thought of it, so this has been included in the findings as their object. Asking participants to choose what object to bring to the interview gave them time and space to prepare for the interview and to control the

interview from the start as they knew what they wanted to start talk about. Often they were so keen to talk about their object that I had to stop them to ask the framing question and, in one interview, I forgot to start the recording at first because their explanation was so interesting. I took notes throughout, particularly noting keywords for further extraction of narrative, as required for BNIM interviews (Wengraf, 2001, p119-120) but used more organically in the interview to circle back to areas of interest from the initial object narrative.

I created a slide of images for participants to use as a springboard for further topics of interest once the participant indicated that their initial narrative was complete. Images suggesting social and news media, the law, the NHS, gender, the future, support and other questions they would like to answer were shown (Appendix B) and the participants were encouraged to choose how they answered them. These were only shown once the object narrative and supplementary questions from the 'topic keyword notes' (Wengraf, 2001, p132) had ceased. Some parents took these prompts as jumping off points for their experiences and others took these areas as prompts for their opinions of these areas of their lives. For example, since all the parents interviewed were accessing private medical transition for their child there were varying perspectives on the nature of the NHS as a source of support. The image of newspapers tended to focus on responses on just print media leading me to prompt for views on other forms of media. Where participants were unsure what the images represented, I gave general explanations, such as the question mark meaning any other questions they would have wanted to answer. I prepared this slide of images as I was unsure that the initial narrative in relation to the object would allow for a lengthy discussion. However, using BNIM keyword notetaking to return to topics suggested by the initial narrative meant there was often limited need for the images to prompt as often the topic areas such as the law, the NHS and social and other media had already been covered. Topics such as support and the future tended to offer more scope for the participants' narratives to develop.

4.4.3 Temporality in the lives of parents of trans youth

I started this research interested in how parents came to their support for their trans children over time and whether this changes. Initially this led to planning a longitudinal approach (Derrington, 2019), involving at least two interviews over the course of a year. This would have allowed me to explore how parents stories about their feelings and attitudes might change over time and what they identify as motivation for this, including whether they became 'either more or less accepting' (Kuvulanka and Munro, 2021, p2). This could have offered rich data to explore from multiple interviews, including insights into parents' changing attitudes, which Tyler et al. (2023) consider a gap in the existing research evidence.

However, a longitudinal approach was not feasible for a part-time professional doctorate student with work and other life events impinging on my research time. Data gathered over multiple interviews would be time-consuming to collect and analyse. Instead, the opportunities for parents to talk about their past and present experiences in the narrative interview, with a specific prompt for their thoughts about the future, gave the opportunity for parents to reflect on the trajectory of their experiences as a parent and many reflected on their changing attitudes from the past. All the children of the participants were at the older end of the range for inclusion (from 16 to early 20s) so most of the narratives regarding transition were described in the past tense as most had begun their transition in their early teens, with years elapsing since the parents' initial response and decision-making. This experience echoes Dunlap et al.'s (2023) use of the life history calendar approach to deliberately focus on present retelling of past events which enabled exploration of changing attitudes and perspectives in the context of their child's trans journey.

Prompting discussion of the future was noted by one participant as a surprising change as they had never been asked about this in previous research interviews. They described this as a refreshing opportunity to talk about the hopes and fears they have for their child beyond previous experiences of remembering the past. Memory offers a filtered,

reconsidered process of recall and retelling that can alter and renew perceptions of the past and reconstruct stories with the insight of the present. Routinely telling stories about the past can 'entrench ways of reflecting on and narrating personal and societal experiences and ensures – to some extent – the containment, coherence and continuity of meaning' (Woodward, 2022, p6) that the use of an object or other prompt can interrupt. Woodward (2022) argues objects can make participants 'interrogate and question their version of the past as objects on occasion contradicted what they recollected' and offer access to 'nuanced, reflexive and at times surprising data' (p6). By combining objects and prompts for about the future, I created a space where different and refreshed stories about the past as well as the future might be told. This structure also offered space for reflections on queered time such as the impact of the time spent waiting for access to medical support and transition, including puberty. The sense of development delayed and the postponement of adulthood echoing Bond Stockton's notion of queer childhood involving 'growing sideways' (2009, p1) will be explored further as a theme in Chapter Five.

Figure 6

Years and Years

He was just so deeply unhappy,
deeply dysphoric
the idea that nothing was going to happen
for a very long time
was a depressing idea
nothing happened
for many, many years

he went on the waiting list
just after his 14th birthday
got to the top of the list at the Tavi
when he was about 17 and a half
they said

"we'll put you with the adult services now"

he got his first appointment
just after his 18th birthday

It is meant to be an 18 week turnaround
the waiting list on the NHS is just horrendous
this is years and years
we only waited six months
for our appointment at the Tavi
that's seven years ago
we're not one of those families that are
doing the three to four year wait
to possibly access medical transition

I've got to try and understand this
make sure I'm doing the right thing
in a timely manner
not to waste any time um-ing and ah-ing
this is what my child needs,
they've expressed this
I need to act on it

a long process
to go down there physically to the Tavi
booking train tickets in advance
time off work
time off school
then you would spend the next day tired
when you returned to work
and my child back to school
Just to pop down there for the day

doing the watchful waiting,
whilst going slowly at the same time.
you've got to be considered
listen and take time,
you've also got to act quite quickly
because everything's very timely
because of puberty
hormone blockers is the first port of call
we started off
we went down to Endo, bloods, DEXA scans

We went all through that
we're just about to start [blockers]
then the Keira Bell case came
pulled the rug completely underneath us
a really, really stressful time
a really odd situation
the clinician [agreeing] for the child to access blockers
the parents agreeing for the child to access blockers
the child also wanting it,
but that not being allowed to happen

we were two weeks away
we done everything since 2016
we'd done everything the correct way
We did all the watchful waiting in the world.
We did everything that was asked of us.
We went at [my child's] pace.
Then right at the last minute
we were told that everything's stopped

four years ago
I never thought I would be in this area,
challenging myself that way
go through my acceptance
"How am I going to live with it?"

I was really struggling to begin with
there was a time when I was resisting it
there was a time when we had we had some tension
I wasn't in on the story

she said to me
"I'm gonna say something really tough and I want you to hear me out.
if you don't like it, that's fine, but I'm going to say it".
she said,
"you either come to terms with this and accept it now,
or you do it in two years time

or five years time,
it's up to you."

it does take time as a parent
to get your head around it
my child, they were saying
"I'm going through the journey, mum, not you"
There is a journey to happen,
within the family as well
she's still there as well, right?
[parent holds up picture of self as a child]
she's got things to do in this life
while I've still got time

spent a couple of years hiding
just before lockdown
the timing of COVID wasn't terrible
he had some incidents in school
an environment that was turning toxic
seeing the police
make a complaint
made a new start at a different school
where they had never known him as a girl

she needs to take time to work out
what the next steps are going to look like
making sure that she is happy and safe
as she moves into adulthood
she's got plenty of time

kids coming out as whatever
trans, gay, punk,
in the teenage years
as a parent
these kids are not mine
the transition that the child goes through
to become more of themselves
at the same time as
you need to learn to back off
nobody tells you that in advance
because you're not ready

they want to do things more independently
I'll always be there in the background
a safe, fulfilling, happy, happy life
whatever she decides to do
optimistic for the future
for what is out there

he's getting on incredibly well at university
he's got a lot of good friends
he's in a great place
he has reserves
when he does hit those road blocks
he's able to overcome
he feels so comfortable in his own skin
he's got his feet firmly on the ground

he's just having the time of his life
regardless of what tomorrow holds
or next week holds
or next year holds

4.5 Data analysis and presentation

4.5.1 Thematic and narrative analysis

Once the interview transcriptions had been checked for accuracy against the Teams recordings, data familiarisation involved a detailed reading of each transcript. Notes regarding potential codes were taken on Post-it notes and these were organised in a journal onto pages headed by possible themes. The transcripts were uploaded into NVivo for a more detailed coding process and multiple initial themes were identified. This process aligned with the first three phases of reflexive thematic analysis (Braun and Clarke, 2022, p35). A number of potential thematic frameworks were considered but none offered a coherent structure that could account for the findings overall. For example, the ideas of luck and good or bad fortune, the love the parents expressed for their child as instrumental in their decision-making and conceptualisations of time, did not sit comfortably alongside more linear accounts of support seeking, encounters with formal and informal support and looking towards the future.

Eventually, I attempted 'storying' the data e.g. constructing a story to encapsulate the arc of all of the interviews and preserve the narrative thread of each participants' story. Writing these parents' stories as a meta-narrative came fluently as a result of familiarity with the interview data achieved during the coding process and my skills in storytelling, developed through creative writing practice (Appendix D). This narrative analysis approach allowed for consideration of the temporal nature of the participants' construction, and recounting, of a story encapsulating their past, present and hopes for the future. Bryman (2016) suggests narrative can be 'sensitive to the sense of temporal sequence that people, as providers of accounts (often in the form of stories) [have] about themselves or events by which they are affected' (p589). Having asked the participants to bring an object for the interview for discussion I had primed them to construct a story of the present that accounted for the value of the object in relation to their past experiences with their trans child.

The meta-narrative constructed from the data suggested the form of a fairy tale, inspired both by the journey and losing your way metaphors that appeared in the parents' accounts and the figurative characters such as wise women, trolls, mamma bears and lions that appeared in their stories. Interestingly this construction reminded me that I have often spoken about my family's experiences, partly in relation to having a trans child, as having 'stepped off the path,' meaning leaving the 'vertical movement upwards [...] towards full stature, marriage, work, reproduction, and the loss of childishness' (Bond Stockton, 2009, p4) that is the presumed trajectory for young people.

The meta-narrative I constructed broadly aligns to Booker's (2004) identification of the quest story.

> Far away we learn, there is some priceless goal; [...] a treasure; a promised land; something of infinite value. From the moment the hero learns of this prize, the need to set out on the long hazardous journey to reach it is becomes the most important thing to him in the world. Whatever perils and diversions lie in wait on the way, the story is shaped by that one overriding imperative; and the story remains unresolved until the objective has been triumphantly secured (p69).

With the goal of their child's happiness, the parents' quest was to seek the support that might offer this and their search for knowledge and certainty involved a variety of positive and negative encounters. Booker (2004) characterises these as encounters with monsters (here transphobes, unhelpful medics and bureaucrats) and helpers (including supportive parents, knowledgeable professionals and queer and trans elders). The object the parents brought to the interview was the starting point for their narrative. Interestingly, none of these related to the start of the story, the "once upon a time" moment, the 'event or summons' that Booker (2004) identifies as the start of all stories – the trans child's coming out. Yet all the parents' accounts included these initial moments, whether explicit in their narrative or unspoken and presumed.

The fairy tale has a rich tradition of being challenged and disrupted by queer retellings. Curatolo (2012) identifies heteronormativity embedded in tales that end in “happily ever after” and heterosexual marriage (p1) and multiple feminist and queer fairy tales, such as Angela Carter’s The Bloody Chamber (1979) that offers a feminist retelling of Bluebeard. Retellings desanitise tales designed for children, rewriting them in subversive forms that upend power relationships and gendered, romantic stereotypes of happy endings. These queered fairy tales offer space for disrupted narratives and glimpses of the ‘growing sideways’ (Bond Stockton, 2009, p1) that characterise queer experiences of childhood and young adulthood, which resonate within these interviews.

The five points in the meta-narrative identified in the transcripts are:

1) Once Upon a Time
2) Going on a Quest
3) Lost in the Woods
4) Finding the Right Path
5) Happily Ever After?

These plot points were used to structure the findings presented in Chapter Five. Elements of the narrative arc that were influenced by the interview methods related to those areas I had offered visual prompts for, like support seeking and looking towards the future. The themes of luck, love and time cross-cut the arc of the stories the parents told, influencing their actions or guiding their encounters with those they asked for help.

To preserve the anonymity of the participants in the narrative presentation of the data (Chapter Five) some parents' words are identified by the pseudonym they (or the author) chose. In some places, participants pseudonyms are not given to guard against patchwork identification and help preserve their anonymity, depending on the topic under discussion.

4.5.2 Transcript poetry: method for alternative meanings

While conducting a thematic analysis of the interview transcripts, I was repeatedly struck by the metaphorical and emotional richness of the language chosen by the participants to tell their stories. I wanted to find ways to share these findings in a manner that preserved the individual expression of feeling, while maintaining the anonymity of the participants. Dyer et al. (2022) reflected on their 'engagement with arts-based methods as academics, parents, advocates, and allies of trans children and youth work [as aiding the] disrupt[ion of] disciplinary power through the use of feminist methodologies' (p110), giving this route from feminist and queer disruptions to arts-based methods precedence.

Reading on the possibilities of transcript poetry appealed to my interest in expressing emotions and experiences indirectly and creatively e.g. using metaphors and symbolism. Faulkner's (2018) description of poetry in research offering a means to access 'radical subjectivity' (p210) connected with my desire to queer the rational objectivity that has characterised much of the existing research with the parents of trans young people. It is understandable that researchers wish to offer a coherent narrative of parental experiences to the outside world, supporting the establishment of an evidence base with scientific credibility. However, this limits access to the minutiae of how parents come to support their children, how this may be rooted in their own life course and how they are influenced or challenged by their encounters with the wider world. The potential for poetry to 'help us shape our lives in ways that we want to live; we create and tell the stories that we need to advocate for social justice' (Faulkner, 2018, p212) offers the possibility of more complex or nuanced findings. Casey and Murray (2022) suggest that 'through art experiences, we recognise things we did not realise we knew in the first place' (p2). By reconstructing the transcripts in the form of poetry I aimed to offer space for alternative or more detailed readings to be available.

Thomson et al. (2023) identified transcript poetry as a method with the potential to foreground 'something more than a dispassionate account,' to 'respond emotionally as well as intellectually' (p220). One of the participants had spoken movingly about their

relationship with their child, using birds as a symbol of their relationship, their mutual affection, a metaphor for engaging with difference and an often frustrating tool for distraction (Figure 1). I wanted to present these multiple meanings but feared the impact of the words would be less if presented as verbatim quotes within the usual qualitative research narrative. Other subjects, like love, luck, time, uncertainty, fear and a desire to do the right thing, also stood out in my coding as findings that could be presented more richly as poetry.

I used NVivo to find keywords in the transcripts related to the topics I had identified as of interest during the data familiarisation and initial thematic analysis. I extracted relevant quotes from across all the interviews. These longer quotes I organised so they made a coherent narrative for each topic, while keeping a separation between each of the participants' voices. This process is similar to the construction of found poems that Faulkner (2018) describes, where they paid 'attention to *repeating*, *recurring* and *forceful* words and phrases' (p216). Having identified these 'forceful' words and the stories each of the participants told on these subjects, I developed two different approaches to creating transcript poems.

The *first approach* I used was the cutup method, a technique most associated with William S. Burroughs (1963) that applies artistic collage to words. Burroughs claimed that 'the best writing seems to be done almost by accident' (no page number) and arises from the unexpected juxtaposition offered by a pair of scissors. Focussing on the themes of Luck and Good Fortune (Figure 3) and Choosing Love (Figure 7) for this approach, I printed the longer quotes from the transcripts on each of these subjects, having allocated each of the participants a different font to retain a trace of their personal account in the overall narrative. I cut these passages up, selected words and phrases to construct each poem and arranged them on a page which I then scanned to present in this thesis.

For the *second approach*, I focused on the words on the page, their construction and their spacing for each of the other five poems. I edited them by removing words to crystallise their meaning and added line and paragraph breaks to focus on particular ideas. Where I

added words this was in square brackets and only to make the extract grammatically correct or add commentary e.g. '[laughs]'. Where the participant rehearsed things that they or others said, these were put in italics and quotation marks "". If the words were said by others, these were aligned to the right of the page and if they spoke their own or their child's words, these stayed aligned to page left. This was intended to show external narratives the parents had encountered, their thoughts in response and their conversations with their child. I moved text around to follow the meaning or add poetic repetition, so the words of each of the participants blended into the overall narrative of the poem (Appendix E), while in conversation with each other.

4.5.3 Arts-based data presentation

Thomas (2020) suggests that 'poetic inquiry is both analysis and presentation' (p626), interacting with the research data to actively construct, interpret and lay the words out for the reader to enter into a dialogue and access their own meaning. Casey and Murray (2022) suggest potential for the artistic process to add additional dimensions to the usual critical reflection on research available through thematic means of qualitative data presentation. They state that 'creative activity, coupled with critical reflection, enables human understanding' (p4) in a form that allows space for 'the new and the unexpected to emerge and generates insight through its evocative complexity' (p4). Dyer et al. (2022) explained artistic endeavours offering ways into meaning – 'Patterns and structures—whether in paintings, yarn-work, beading, drawing, or sculpting with found objects—manifested as a combination of bold symbols of gratitude and maze-like maps of survival' (p106). The emotionality available through the presentation of the participants words in the form of poetry allows access to the emotionality and complexity of relationships between parents and their children - 'nuanced and unsettled meanings' (p5) - in forms that might be less visible to academic readings.

Presenting poetry alongside the thematic presentation of qualitative research data allows for the juxtaposition of more structured, rational forms of expression alongside the articulation of less heard narratives of metaphor and emotion, making available multiple interactions and layers for interpretation. How the reader might then engage with these different expressions of meaning is individual and subjective. Thomas (2020) proposes that poetic presentation could make academic findings more interesting to wider audiences (p635), guiding the reasoning for presenting the transcript poems in the text of this thesis but also as a collection (Appendix E – "Fierce Joy") to be explored separately. Thomas (2020) suggested using multiple methods of qualitative data analysis – such as my employment of narrative analysis alongside two methods for constructing transcript poetry – and the presentation of each of these forms has the potential to achieve 'crystallisation' (Ellingson, 2009). This concept references Richardson's (2005) proposal that post-modernism embraces a move from rationalist triangulation to embrace a less ordered and multi-dimensional approach to the foundation of ideas:

> we do not triangulate, we *crystallize*. … I propose that the central image for "validity" for postmodern texts is not the triangle—a rigid, fixed, two-dimensional object. Rather, the central imaginary is the crystal, which combines symmetry and substance with an infinite variety of shapes, substances, transmutations, multidimensionalities, and angles of approach (Richardson, 2005, p963).

Deciding where the transcript poems would be located in the text mainly centred on ideas of crystallization and juxtaposition. Where a concept could be introduced, developed or challenged I placed an appropriate poem. For example, 'We All Like Birds' (Figure 1) appears before Chapter One, so the reader can begin the academic narrative immersed in this parent's close relationship with their child and their metaphorical exploration of difference. I placed my poem, Swimming (Figure 9), at the conclusion to add my creative perspective on the emotionality of being a parent of a trans child in a location that would complement but not override the voices of the parents who participated in this research. Collecting these poems together separately from the academic thesis (Appendix E) allows these parents' voices to stand coherently together so they can be engaged with separately

on artistic and emotional levels, and perhaps counter the boredom that Richardson (2005, p959) critiques some qualitative research for.

Entering into this research process with an idea that parents had different stories to tell about their experiences of supporting their trans child led to the adoption of a feminist and queer methodology that supported ethical research, informed by trans perspectives. Methods that could disrupt power relationships and place control of the focus of interviews with participants, rather than the researcher, made space for creative methods of data elicitation, analysis and presentation. This process of developing creative approaches to conducting narrative research with parents of trans young people is reflected in the addition of a sixth research question:

6. How might creative research methods enable the parents of trans young people to explore and explain their experiences?

Chapter Five

Finding the Path through the Woods

5.0 Introduction

The parents who participated in this research talked about their experiences with their trans child, prompted by the objects they brought to the interview. The arc of the meta-narrative I identified encompassed finding out something new about their child and the challenge this presented to their ways of thinking, going looking for knowledge about this new identity and help to support their child, firstly in familiar places and then looking further. They encountered gatekeepers and hostility as well as other parents who could help and guide them. Luck, both good and bad, and love for their child in multiple forms guided their path, as did trans and queer role models, and they looked forward in hope for an optimistic future for their children and themselves.

Five plot points formed the participants' meta-narrative:

1) Once Upon a Time
2) Going on a Quest
3) Lost in the Woods
4) Finding the Right Path
5) Happily Ever After?

As well as presenting the data in the form of the meta-narrative identified, links are made to the three crosscutting themes of luck, love and time. These themes, and others, are also presented in a separate collection of transcript poetry named 'Fierce Joy' (Appendix E). The poems are presented at relevant points throughout this thesis and their placement explained in Chapter Four.

5.1 One: Once Upon a Time

Some parents recounted experiences of their child coming out as trans. The start of this process had taken place anywhere from childhood, before puberty, or in the last couple of years, with all the children relevant to this study now in their late teens and early 20s. These parents described the initial event of coming out itself and the impact this had on their relationship, such as establishing new ways of communicating. Parents also explored how their child's diverse gender had impacted on their own perspective on gender, power relationships within the family and drew on their previous experiences of navigating difference to understand their child.

5.1.2 Communication

One of the parents brought a wooden figure of a bird as their object. They explained how this birthday gift for their child symbolised their developing forms of communicating and as their child began to express their gender identity.

> "It does go back to the beginning of my journey with my trans child. It symbolizes a lot of our love language with each other. It just reminds me of a time when I was trying to get her to open up more about her feelings and experiences and trying to understand why she'd come out. She'd always try and change the subject by talking about birds, because I've always been very keen on birds".

This parent recognised their child used a much loved topic to avoid talking about difficult feelings while maintaining existing closeness in their relationship. The affectionate way the parent described this – as "very sweet, but quite frustrating" - was evident in their tone of voice. They explained how effective the use of birds as a distraction technique was – "it's really annoying, but it works really well because I get very distracted by birds." This could be interpreted as the child taking control of the conversation with a familiar topic to preserve their safety.

Another parent brought an object that symbolised their changing communication with their child – a 50p coin that the family had agreed as a fine to be paid every time someone got the child's pronouns wrong, the equivalent of a swear jar. They identified "the two second delay before using a pronoun in any sentence" as a now routine aspect of their lives as a parent of a trans young person. The 50p fine offered a way to

> "avoid the "Oh, sorry" "Yes, I know" discussions. That is the most tangible thing that comes back a million times a day. And it's easy enough to get it wrong. But you don't want it to take over the day, right?"

This simple, jokey method reinforced changing family communication norms and suggested a shared desire to make this shift in their collective patterns of behaviour.

5.1.3 Children challenging parents

Children coming out to their parents presented opportunities and challenges for all the parents interviewed. The parents' conceptualisation of gender, of where control lies in parent/child relationships, of navigating difference, were all disrupted by their child bringing 'gender trouble' (Butler, 2006) home.

5.1.3.1 Challenging: gender

Rosa explained that, as an academic, her first response was to reach for familiar theories to help her understand. She referenced Land and Meyer's (2010) 'threshold concepts and troublesome knowledge' to describe the process of change required. She identified her resistance when approaching the unfamiliar concept of her child's transness and theorised what happens once parents step across the threshold into accepting new insights.

> “You've got to get past the fear in order to learn. [...] In order to go across the threshold, you stick in front of it. You can see the light on the other side [...] and it's difficult. [...] In order to really understand it, you’ve got to follow it about, object to it. You don't quite get it. Then you do get it. You have to try again. You fumble about. You go “argh!” You throw the book around the kitchen table. But at some point, you master it. You go over the threshold and that's it. It's transformed you. You can't go back. You've done the learning.”

She used this concept to explain her struggles with her child’s identity and her willingness to grapple with it until she understood. She identified her partner as having taken a different approach. She said he “sat on the fence and watched the threshold,” remaining in his discomfort and unease, rather than engaging with new learning as she had. She explained she hadn’t willingly engaged in this process of transformation either – “this wasn't a threshold I particularly wanted to cross” – suggesting her child’s challenging of the gender he was assigned at birth was a rejection of what she had struggled to embrace - the discomfort of womanhood.

> “The beauty, the strength, the joy of being a woman is something that doesn't come to you in puberty. Puberty is really quite shit, to be frank. It isn't until much later that you realize the sort of inner power and the strength that you've been given for free by having been born as a woman. And for me, pregnancy was a big part of that coming to peace with my body, the messiness, the unpredictability, the cycles.”

Rosa identified her child’s rejection of the struggle to accept womanhood was challenging to her feminist thinking. Ashley (2020) identifies this in feminist thought where transmasculinity is regarded as a ‘flight from womanhood’ (p111). Rosa explained she eventually saw the potential for liberation in not having to engage with these signifiers of gender. Her child’s rejection of his gender had challenged her to reevaluate her position.

> “People slowly start realizing this whole community of people who are just fine with people being trans or people not defining themselves by gender. The realization that

> wasn't that what feminism was about? “I don't want to be defined by my gender.” That creates a liberating space.”

The potential for transness to offer liberation from societal gender norms, including the feminist framing Rosa had embraced, offered means to reformulate gender identity - a significant change in perspective that other parents described encountering.

Peter offered his perspective on gender as a cis man. He spoke about his sympathy with feminism and growing up believing feminism would offer liberation from gender stereotyping. He expressed confusion that by wanting to transition to another gender his child was saying they did not want liberation from wider gendered social expectations.

> “Why do our children feel so strongly about wanting to be in one [gender] box not the other? Why want to be in a different box from the one that would give them the easiest life?”

Other parents engaged with similar concerns. Louise talked about her existing concepts of sexuality and how she re-evaluated these in the context of her child’s gender identity, including their coming out as non-binary.

> “I think that the act of sex is an act that could be with anyone. I think that can coexist with saying “I am heterosexual” or “I’m bisexual” or “I’m homosexual”. [...] And then, with my child I thought about the idea of pan[sexuality]. Whether it's the gender identity or sexual orientation, it's just that I don't believe people are quite pinned down. In life, there's probably nothing that is absolutely pinned to a very particular spot and never shifts, regardless of what you look at. So why would this be the one thing that is absolutely pinned?”

Louise explained that initially she had not understood the possibility of identities beyond the binary. She spoke about how “that nonbinary stage, I think that was the most confusing. [...] How can you be not binary?” Her initial confusion at the possibility of nonbinary genders began a process that eventually resulted in accepting the potential for

ambiguity, fluidity and change in identity and relationships. Louise talked about first encountering the potential for gender fluidity in a documentary about a trans child in America she watched when her child came out. She thought the parents' support for their child's unfixed gender presentation "bizarre." She later reflected to help understand her child's changing gender identity and the impact gender norms had had on her thinking.

Only one parent mentioned they had considered whether they might be trans. They explained if they had been their child's age, they would "definitely have experimented with being non-binary" and how connected they felt to performances they had attended at a queer cabaret by nonbinary people. The possibility of there being generational norms restricting access to less binary gender identities would bear further examination but is beyond the scope of this study.

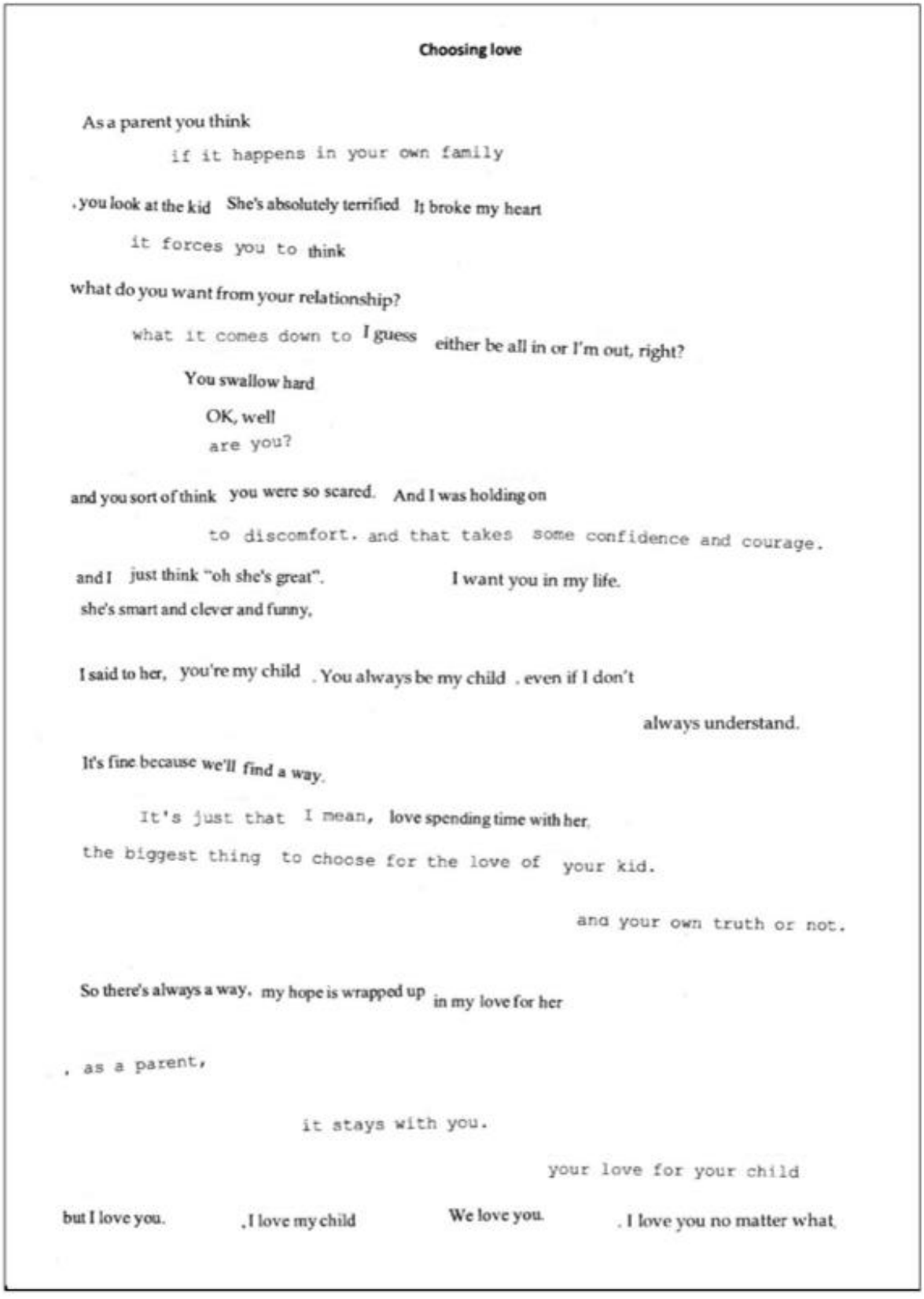
Many of the parents mentioned observing gendered parental responses to the child's diverse gender, although this was not consistent.

> "Mums tend to [say] "I never had these kids under control anyway, so we might as well go with this. It's not harmful. I'll sort my own feelings out." We just get on with it. It's quite often the [...] dads who can't get there and feel really angry and hard done by and feel they've lost something. What you then see is the women say, "this is happening."

Sarah characterised mothers as "mum warriors" and tending to be "more supportive" from her observations of support groups. She identified a "gender imbalance" as there were only "a couple of dads there." She suggested mums "tend to be a little bit more understanding and a little bit more flexible, perhaps in our thinking. Less rigid, less thinking things should all fit into different boxes," whilst recognising that there are exceptions to this. Peter concurred on having encountered the "familiar painful patterns" of few men in the parent support groups he attended. He was asked by one wife to speak to their partner who "didn't, from his view as a father, [see] having a trans child [as something he could accept]." Peter also said he was aware of divorces happening because fathers were not

accepting their child's gender identity when the mother was. Despite Peter's misgivings and reluctance, he supported his trans child by using his power as a parent. For example, he described playing the harmless middle-class father at the pharmacist collecting his son's testosterone. He willingly used his privilege as an educated white, middle aged, middle-class cis man as a protective barrier to facilitate his child's access to their prescribed gender-affirming hormones with the professional gatekeeper to this medication, despite the misgivings he voiced about his child's decision to medically transition.

Figure 7



Choosing love

As a parent you think

if it happens in your own family

, you look at the kid She's absolutely terrified It broke my heart

it forces you to think

what do you want from your relationship?

what it comes down to I guess either be all in or I'm out, right?

You swallow hard

OK, well

are you?

and you sort of think you were so scared. And I was holding on

to discomfort. and that takes some confidence and courage.

and I just think "oh she's great". I want you in my life.

she's smart and clever and funny,

I said to her, you're my child . You always be my child . even if I don't

always understand.

It's fine because we'll find a way.

It's just that I mean, love spending time with her.

the biggest thing to choose for the love of your kid.

and your own truth or not.

So there's always a way. my hope is wrapped up in my love for her

, as a parent,

it stays with you.

your love for your child

but I love you. ,I love my child We love you. . I love you no matter what.

5.1.3.2 Challenging: power and authority

Parents explained their choice to support their child in the language of love and affection, beyond other factors, including traditional power dynamics between parents and children, that might otherwise influence their decision-making. They appealed to narratives of 'positive parenting' where their child's agency and right to self-determination were prioritised over parental authority and control. Stewart-Tufescu (2020) characterises this as a 'not top-down but collaborative' (p5) approach to the child bringing new challenges and ideas into the family, based in the child's right and feelings holding equal weight in the parent/child dynamic. This approach challenges the predominant 'parental determinism' (Macvarish, 2020, p3) approach that places parents as the primary influence over children resulting in parental responsibility for the 'subsequent development of the child' (p3). Rosa described prioritising love over ideology in explicitly UK and US political terms:

> "It's something about putting your love for your child over your discomfort. […] That takes some confidence and courage which people get from different directions. The GB News crowd, and the Fox folk, the Fox Republicans […] they don't have any confidence at all […] There's something about having the confidence to put love over discomfort."

She suggested this confidence arises from "whether you've grown up with a sense of being allowed to define your own life and your own truth or not," including whether children were raised to believe in a higher power, such as religious authority. This echoes Flores' (2021) finding regarding attitudes towards trans people, that 'individuals who are more authoritarian hold values that individuals should obey authority. Authoritarian values negatively predict supportive attitudes' (p8). Trans experiences stand outside of mainstream gender norms, more aligning with how diverse sexualities challenge relationship norms. It is therefore unsurprising that 'those who are more traditional in their beliefs about gender roles hold more negative attitudes' (p8) regarding trans people and the 'consistent finding […] that gender prejudice is strongly predicted by people's sexual

prejudice' (Flores, 2021 p9). Parents' perspectives on other relational norms can then be seen as predictive.

Behavioural notions of parenting suggest that parents should be the authority, defining appropriate behaviour and allocating values, including identity (Stewart-Tufescu, 2020, p3), with parent/child relationships where children bring their own perceptions and values often perceived in negative terms. For example, the concept of parental locus of control is underpinned by the idea that, where parents ascribe their child's unwanted impulses and behaviours to external forces, this is considered a failure of parental control (Freed and Thomson, 2011) rather than an opportunity to understand more about the child's unexpressed needs. This common perception of the desired nature of the relationship between parents and children is a narrative that these participants have made conscious choices to depart from towards a more child-led way of thinking. These parents chose to adapt their application of authority in decision-making to support their child to divert from everyday expectations and constructs in the context of their own experiences of difference.

5.1.4 Navigating difference

Needing to have confidence in their child's identity in order to support their child's desired transition, especially medical, was mentioned frequently in the interviews. Parental narratives of their relationship with, and negotiation of, difference often informed their journey to acceptance with their child.

Rosa identified the inevitable shifting of power as children grow up. She explained "there is going to be a point where they have engaged with part of the world that you've never engaged with." The challenge emerges when the child brings something to the parent that they don't understand or that challenges their worldview. A trans child coming out to their parent brings an unknown or disruptive experience. Rosa explained this "could be incredibly risky and upsetting for parents. [...] I think that's where the parental struggle

comes from. The rest of the world is telling you have done something wrong because you "transed" your kids." The term 'transed' refers to a common narrative that apportions 'blame for having turned the child trans' (Kuvulanka et al. 2019, p61) to supportive parents, suggesting this was to satisfy their needs rather than the child's. Rosa describes this encounter with an unknown and unsettling identity change prompts blame to be directed at the parent that may cause them to react with fear or defensiveness.

5.1.4.1 "Coming out as punk"

Rosa's told a story of her father's reaction to her child coming out as trans as a reflection of their generation's experience of a similar conversation, although of a chosen subcultural allegiance rather than an embodied identity. He called her back to say "I thought I'd phone again because this must be really hard for you. Because I remember how upset I was for months on end when you came out as punk." She explained that her family

> "lived in a small village in the sticks[25] and he had a very responsible, visible job there and I did something as unrespectable in the 80s as coming out as punk. That was a serious upset to his social constructs. He had been really upset about it. He didn't understand why I was mutilating myself by dying my hair black and putting it upright or whatever. It [...] was a genuinely scary and disruptive thing. He felt that he failed somehow as a parent and all the same kind of things. And I thought it was pretty astute for him to realize that."

The analogy of punk with trans identities as a form of socially disruptive identity has depth. Punk as a subculture is identified as a multiplicity of music and fashion styles, a political, social and personal attitude, a DIY way of life, a white cishet male domain and a framework for challenging these dominances. Robb (2013) describes that 'everyone came into punk with a different agenda, and everyone who left took their own version of events with them.

[25] Slang term for living in a rural area.

And the rest of us stayed there, still burning with the bright inspiration of the revolution' (p14). Punk experienced similar cultural moments to trans people where popular culture noticed a way of seeing the world that challenged its norms, demonised it and argued about its nature, while those involved continue to engage with and embody these ideas. "Coming out" as punk and trans offer useful parallels of parental engagement in new ways of being in the world, the upset to existing societal norms and possible pathways to acceptance.

5.1.4.2 Neurodiversity

Anna offered her pathway to acceptance of her child's neurodiversity, as an analogy to her acceptance of her child's gender.

> "It's been really fascinating. A lot of my journey as a parent with her, not just as a trans person, but as a neurodiverse person [...] has been an acceptance of who she is. And, looking back, it has really been mirrored with her being autistic. At first, there's fear and worry about what it means. And then there's gradual acceptance. And then there's a place where you accept somebody for who they are in their entirety. And you try not to see it as anything other than just who they are."

Anna's description of this analogy was rich with emotional language and metaphor.

> "When someone's autistic and you're not [...] I'm so aware that [child's] internal landscape is profoundly different to mine. And I used to think when she was younger, it was almost like we were aliens meeting on a little planet and we were coming together. And sometimes it's extraordinary having that sense about your child being so different to you. But there's a bit where we're very similar. So we are very much a little Venn diagram. Where we meet in the middle is really, really lovely. But there's a whole lot of it where we look at each other with quiet awe and wonder."

Anna had already regarded her child as having an internal landscape that was significantly different to her own regarding their ways of seeing the world and her expression of a diverse gender did not appear to change this perception. However, she valued the ways in which they could connect and appreciate each other despite encountering each other from very different worlds. The images of aliens meeting on a planet, as creatures from entirely different contexts, yet having an overlap where they could form a relationship, are evocative and powerful.

Rosa identifies neurodiversity in her family and the possibility of her own as another location for social constructs that she considers open to acceptance, challenging or discarding as they see fit.

> "What difference does it make? One of the kids has been diagnosed with ADHD and then the other ones decided that they got it from me and I need to be tested for ADHD as well. And I thought "I don't want that." If we can decide that gender constructs don't matter. Then maybe this doesn't matter either."

Gender is one of a multiplicity of social norms and expectations that parents might learn from their children to accept, question, challenge or reject. Increasing connections are being made by scholars between gender and sexual variation and those 'constructed as 'neurologically disabled' (Barnett, 2024, p1). It is important to not pathologise neurodiverse people's gender experiences but to consider neuroqueerness as a formulation that aids understanding of the frequent intersections of these 'troubling concepts' (Barnett, 2024, p8), in the sense of ideas that disrupt. The connection that Rosa makes suggests a useful parallel for parents who might struggle with both gender diversity and neurodiversity regarding their child.

5.1.4.3 Questioning cultures

Rosa identified her academic perspective sees “questioning [...] [as] powerful. It becomes your lifestyle at some point.” She compared this to moving “country when we were in our mid 20s [meant that] all our cultural assumptions had to be shifted.” She described herself as having already, in internal and physical senses, in theoretical and geographical locations, opened herself up to the possibility of change that allowed for other challenges to social norms to be easily integrated.

> “You come to a questioning point about a lot of the assumptions that you have and you need to change. You realize that [...] it doesn't hurt to be different, to come out somewhere else. [..] You don't actually lose anything essential. Questioning isn't a painful exercise to us. Everything's questionable. [...] It has created the liberty for [her child] to say: “What you think I am is not who I am.” “I'm going to explore.” “We're trying something else out.””

Another parent identified the creation of space to question societal norms and embrace or reject them, differently to their parents. They explained cultural differences between Dutch and English families that were intensified by their trans child’s perception of their body.

> “The standard Dutch thing about bodies and families is different from the standard English thing. In Dutch families it's fairly normal to see your parents naked in the bathroom. Nobody bats an eyelid at that. And our kids are a bit more English than I would like in that respect. They're a bit more cautious and shocked and whatever else about nudity, even of family members. And when we have [a child who is] not comfortable with how they look in the first place or about their bits, [it] aggravates that.”

This child’s attitude to nakedness in family contexts challenged their parent, on the level of cultural norms and comfort with the visibility of their body. Gender dysphoria in relation to trans bodies can cause feelings ‘that something is inherently wrong or distressing’ (Owl and Fisher, 2019, p17), making revealing the body a potential source of insecurity and

stress. These intersections of culture and gender dysphoria social norms regarding nakedness in the family highlighted area where diverse gender might offer challenges to familial cultural expectations.

5.1.4.4 Religious and ethnic communities

Sarah explained experiences of acceptance and non-acceptance in her community as having moral dimensions, often linked to religious beliefs. Westwood (2022) highlights that 'many LGBTQ people are from racial/ethnic minorities themselves, with complex experiences of intersectional discrimination, sometimes within their religious families' (p219). Sarah suggested a child expressing themselves outside of gender norms might be told they shouldn't do that and that "they're too young to decide." She described she had been fortunate that in her Caribbean family this had not been the case, although she was aware this is a risk and something she would choose to protect her child from.

> "Those communities that have those difficulties with young people that identify in a way that they think that is not correct or not morally right or it's not part of their religion. [...] It's hugely harmful. I need to make sure that I protect my daughter against those people that feel that way."

Sarah's proposed action to protect her child from these perspectives, identifies the potential for familial split on religious acceptance grounds. There is evidence to support the proposition that religious and associated racialised communities may be less accepting of diverse sexuality and gender. Westwood (2022) identified tension between some Christian fundamentalist perspectives and the ability to practice anti-oppressively with LGBTQ+ people as a social worker (p206). Lorusso and Albanesi (2021) noted the impact of Catholicism on the wider attitudes to LGBTQ+ people amongst the parents of trans children they interviewed, although this was often mediated by their experience of having a trans child. Klonkowska (2022) identified that any possibility of spiritual explanations for their child's gender was curtailed by the parents' Catholic faith, which

they suggested, in Poland, would only be ‘highly critical’ (p416) of minority gender identities.

5.1.4.5 Sexuality

Parents often reached for familiar experiences of difference when trying to understand their child’s gender identity, such as sexuality. Louise reflected on her views on sexual attraction when considering whether gender could be more flexible than binary and explained she had come to think that attraction was not fixed or rigid. She recognised the existence of attraction to multiple genders including bisexuality as stepping outside of the binary understanding of gender/attraction, mirroring the wider cultural ‘invisibility, marginalisation and erasure’ (Hayfield, 2021, p2) of plurisexual identities.

Sarah described her path to support of her child’s gender identity as consistent with her past life.

> “I'm very liberally minded. I've grown up as a teenager and [...] in my 20s loving going to gay clubs and gay bars. This is just part of me. [...] I know for some parents, particularly if they're religious or if they've got strong views on things, having a gender nonconforming child is very difficult for them. But for me, that's not been the difficult part of that. I'll accept my child whatever.”

Having a history of acceptance of diversity in multiple contexts is characterised here as beneficial to accepting other kinds of diversity. However, this does not mean that parents did not experience fear or distrust on the revelation of their child’s diverse gender identity.

5.1.5 Fear

Rosa suggests that the fear expressed by parents when their child came out as trans is based in feeling “lost, you feel hurt, and that creates an enormous amount of fear. And

that's when you get the extreme reactions." Louise explains the fear response from parents both feeling loss and a lack of knowledge.

> "For me it was, as a parent, "do I understand? Am I understanding?" I think very few people, probably no one, understands. How do you get someone who's born into a body that is not their body. Who knows how that happens, right? But I think it's when you say, "OK, well, that's what it is. Whether I understand it or not.""

The experience of having a trans child asks parents to trust their child's understanding of themselves without evident external verification and takes them in a direction that can be concerning - for example, where this is affecting the child's mental health and wellbeing. It is evident that some parents encounter their child coming out as a source of fear for the future and possibly also as a catalyst to the 'deterioration of the parent-child relationship' (Ashley, 2020, p113) if the parent is not supportive (Fear poem, Figure 5).

Anna's fears focused on the possibility that her child's identity might put her at risk of harm, such as "how other people are gonna judge her." She explained this was unusually conservative thinking for her, identifying this as "just the fear that you don't want your child to be discriminated against or to be exploited or to be abused." Her desire to protect her child from harm is an evident priority for all the parents, arising where the harm might stem from difference and concern about how that difference might be received in society. This reflected the experiences of academic parent-advocates in Dyer et al. (2022) who located 'the pride we feel, the fear, the exhaustion, and the protection over the children for whom we advocate' (p106) as powerful emotions and experiences they shared.

5.2 Two: Going On a Quest

All the parents talked about what they did after their child came out as trans. They often used the journey metaphor that Davy (2021, p163) encountered and similar points along the path. They all sought knowledge from familiar places to help them understand what their child had told them since they all acknowledged that, at first, they did not have prior knowledge of trans experiences. They were all challenged by their children to offer them support with social and medical transition and initially sought support for this in familiar places – at their child's school and with primary health care. Their narratives tended to follow a pattern of initial reliance on their existing networks or familiar means of acquiring new knowledge and their worries about what the right thing was to do for their child.

5.2.1 Seeking knowledge and guidance

Rosa described her initial reliance on her usual modes for finding new knowledge e.g. academic resources.

> "I said to myself, "right, you haven't got an option here. This is your kid. This matters to them. So you gotta go with it. You gotta figure this out. You gotta get some advice. You gotta get some help. You gotta get reading." I'm an academic. What's the first thing you do? You log into the university library, and [...] that wasn't very helpful."

Finding that the academic library they would usually rely on was inadequate drove Rosa to look further for the information that might inform how she might best support her child.

Often the point where children initiate communication with their parents about their gender – "coming out" – stems from needing their parent to support their access to social and medical transition that require parental support. Children and young people have often located their own knowledge resources e.g. via friends and social media before coming to their parents. Roche (2020) interviewed a parent who took pride in their child

independently organising their social transition at school. ‘The school contacted me and said did I know he had been into school and told everybody he’s ‘he’ now. My child has been into school and become themselves and I didn’t know. I was so impressed by his strength’ (p59). Parents can be surprised by being presented with both a change in their child’s expressed identity and an urgent imperative to engage with family, friends and organisations to support changes the child desires.

5.2.2 Looking for help in familiar places

The first places, apart from family and friends, where parents sought support were schools and healthcare, whether this was for general assistance for the parent and child or to support specific elements of social and/or medical transition.

5.2.2.1 School

Schools were identified as playing various roles in the experiences of these parents and their children. They were a location that could support the trans child coming out, such as finding supportive friends and teachers who could access systems to support social transition e.g. name and pronoun change. Schools were also seen as a context where education and guidance was needed to support wider institutional change that might support the trans young person with social transition e.g. negotiating gendered uniform, sports and toilet policies.

Schools were also identified as a source of unwanted questions and bullying. Dominguez-Martinez and Robles (2019)’s study highlights how, despite efforts to address transphobic bullying in schools, there is a ‘lack of understanding and information on sexuality, gender, sexual orientation and gender identity among teachers, authorities and other members of the community, because it generates myths, prejudices and erroneous ideas that promote stigma’ (p545). These parents explained their responses to their child being bullied in school, despite the efforts made to improve the school environment. Parents reported

variously that their child had encountered someone saying “something transphobic in a class” and having “had some difficulty in secondary school with transphobic bullying.” Siblings encountered questions at school about “whether any of the surgery had taken place yet” regarding a 14 year old. Intrusive and ignorant questions and/or transphobic bullying were common experiences for young people in school contexts.

Parents explained the multiple ways that they had worked with schools to ensure their child’s needs were addressed. One parent identified the urgency from her child to have her name changed legally at school before the wrong name was issued on her GCSE certificates – “we knew that if she was to receive GCSE results or any kind of certificate or anything with her old birth name on there, it would be very, very upsetting.” Parents talked about the work they did to ensure the school their child attended was a welcoming environment. Rosa said she “educated all those teachers” and Sarah explained how she had worked with the school, not just for her child but for other trans pupils.

> “[I did] a lot of work with the school to support them. They were pretty good on balance, they wanted to get it right. They'd not supported that many trans students before. In some respects, my daughter was a bit of a trailblazer because I know that [now] they are supporting a number of trans and nonbinary students at school. I was grateful to be part of that.”

Most of the participants expressed concern about the wider environment and culture of schools, regarding gender and other difference. Parents identified how their children negotiated potential areas of risk in school. Anna described her child as “very discreet. She uses the disabled toilet. She doesn't use girl’s toilets unless we're out and about and I'm with her. She avoids confrontation by adapting her behaviour.” This highlights how trans young people often minimise expressing their identity to reduce the risk of conflict and abuse.

Anna talked about the advocacy she had provided for her child with school and other educational disability professionals regarding her neurodiversity. Davy (2021) suggests schools could utilise existing models of support for self-determination developed by those with physiological and psychological differences to assist self-determination of gender. These 'developed from the social model of disability activists and academics who were highlighting how difference was used to fuel discrimination against those considered to be educationally, physically and/or mentally impaired' (Davy, 2021, p141). These insights offer ways to promote the adaptation of the social world of schools to recognise gender difference and demand parental advocacy skills, which some parents had already developed to achieve recognition of their child's neurodiversity. Davy (2021) characterises the parents she interviewed as 'expert witnesses [...] [who] attempt to find gaps in the policy and public discourses where 'sex' is used as an arbitrary segregationally limiting approach in dividing people' (p146). Whether in the segregation of single-sex schools, uniforms, sports and other gendered educational activities or locations, trans young people often rely on intervention from their parents to negotiate and establish suitable accommodation for their needs (Davy, 2021, pp165-168).

Making supportive space for children in school demanded ongoing work by parents. Faye (2021) describes a conversation with parents of a trans child who had worked with nursery, primary school and then secondary school to 'carve out space for [their child] to be herself' (p31). Davy's (2021) participants talked about meetings between parents and senior school officials to plan the child's coming out, an event to support the child's social transition in school which the parents I interviewed also mentioned. Davy (2020) said the parents she had interviewed 'sensed a movement from the previously perceived limit-situations as they developed working relationships with the staff at the schools' (p166), suggesting the potential that schools were willing to relax their previously fixed lines of gender segregation in order to accommodate the child's self-determined gender. However, these interviews took place before the Conservative government draft trans (DfE, 2023)

and RHSE (DfE. 2024) guidance that, if implemented, are likely to affect schools' support for trans youth.

5.2.2.2 GP

If children and young people want some element of medical transition to establish comfort in their body's appearance, the first place parents went for formal support was primary healthcare, such as the child's GP. GPs do not provide medical gender transition for young people, but they can refer to specialist gender services for young people, which at the time of these interviews was GIDS. GPs could then assist with prescribing and monitoring treatment, if assessed as appropriate by GIDS and prescribed by the specialist endocrinology service at University College London Hospital (UCLH).

All the parents described interactions with their GP, whether these were related to initially requesting support for their child or ongoing conversations regarding their child's medical transition. GPs were characterised as either inaccessible due to transphobic support staff "I can't get past the frigging receptionists," "amazing, open, really caring" or reported to be unsupportive to other parents of trans young people e.g. refused to engage in shared care with private prescribers. The unpredictability of their response was characterised as a "lottery" making engagement with healthcare fraught with uncertainty.

5.2.3 Doing the right thing

All the parents talked about their concerns about supporting their child's medical transition and whether this was the right thing to do. Not all parents were immediately willing to support the medical transition their child requested. Parents described themselves in terms of being immediately engaged to neutral to delaying or disinterested. Some of these responses were noticeably gendered.

Rosa described her perspective in terms of travelling - "this family is on this train. Are you on the train or are you not?" She described her husband as thinking

> “this makes me so uncomfortable. I don't know what to do with it. I don't know. I don't know where to go. I don't know how to respond to this. I think I'm really uneasy with this. And stayed in his own space.”

There seems to be a struggle between recognising and pragmatically working with the child’s perspective and acting to support the changes they desire to match their gender identity. Rosa identified her husband as sitting back to watch events unfold and not engaging out of paralysis, an approach which reflects Rahilly’s (2015) ‘gender hedging’ (p347). The difference between changing little out of caution and acting to support the child’s self-knowledge could affect the nature of the relationship between parent and child. Louise explained that her child had an expectation of her visible support that she did not recognise from her reading of her child’s coming out, which risked damaging their relationship.

> “He said to me when it came out [“this is just] one more thing about me. I’m not a different person.” [...] I took that as this is just an extra piece of information. Whereas this was, in hindsight, more of a fundamental shift. I thought, “OK, so when he wants to talk about things or whatever, he will. This is just another piece of information. I don't need to change a heck of a lot about how I'm interacting.” And I think that was my downfall. It got to the stage where it was a little explosive between the two of us. From his perspective, me not questioning and not [being] very probing, was an indication that I was disinterested versus this is something that is just another part of you. [Whereas he saw it as] either you’re going to be on board or you're not on board [...] there’s no in between. That was a bit of a wake-up call.”

The child’s expectation that their parent’s support should be vocal and active to fully evidence the parent’s conviction was visible in more than one parent’s account. Anna described advice she received that influenced her to express her acceptance and affirmation of her child’s gender identity.

> “I was really struggling to begin with [...] and [friend] said to me “I'm gonna say something really tough and I want you to hear me out.” She said “you either come to terms with this and accept it now, or you do it in two years time, or five years time. But if you don't do it now, it would be to the detriment of your family and your relationship with your child.””

The varied perceptions of what the right thing, in terms of supporting their child, looked like to parents and their trans child in terms of support was described as a location of contention and negotiation, rather than a presumed agreement. Parents were aware that support could be active or passive in its expression and not all parents choose to take an active role. Anna described a friend whose child experienced significant mental health difficulties relating to their gender and their fear of what may lie ahead affected her feelings about the support she offered. Her friend “made the decision just to wait on GIDS, [rather than seeking private care]. I remember her saying to me “I'm actually quite pleased there’s a long waiting list because then we'll just wait and see what happens”.”

5.3 Three: Lost In The Woods

Parents talked frequently about feeling lost and seeking help and advice when deciding how to respond to their child's gender identity and how to approach supporting them. They worried about the risks they could see in the world around them and considered how to keep them safe. They sought certainty in their child's identity, especially where they wanted significant changes to their body. They described where their confidence in their child's certainty came from which enabled them seek resources for social and medical transition. The language of luck and fortune in both positive and negative terms was drawn on to describe their journey. The parents described encounters with trolls, both in terms of gatekeepers asking riddles in order to allow or prevent access to further steps on the path and of encounters with abusive people, both in person and online.

5.3.1 Risk and safety

Multiple perspectives on risk and safety were explored by the parents, including perceptions of risk that trans people pose to others, risks from others, of treatment or of not receiving treatment and the roles parents identify for themselves to protect their child from harm.

5.3.1.1 Trans people as risk

All of the parents referred to narratives they had encountered on social media that identified trans people as posing risk, especially to the safety of (especially cis) women and girls. Pearce et al. (2020) explain 'trans women have long been positioned as a threat to cis women's safety, especially in Western societies, because trans women's bodies have been discursively associated with dangerous male sexuality and potential sexual predation' (p6). Trans women's presence in 'women-only facilities like toilets' which are considered 'safe spaces granting (cis) women protection against gender-based harm, and

especially sexual violence' (Pearce et al. 2020, p6) is identified in this context as increasing risk to (cis) women and girls on the presumption of their vulnerability, a perception that participants in my study questioned. Rosa identified the safe space narrative as being based in fear, situating women as perpetual victims, "always at risk and [having] to be protected." She suggests this narrative served historical binary gender roles which are threatened by the potential for change that trans identities offer. Anna argued with this narrative and how it distracts from other locations of risk to cis women.

> "We live in a world where a Met Police officer today has just been taken to court and sentenced to 30 life sentences for this 20 year campaign of rape and terror against women. That's who we need to be talking about in terms of danger to women, not trans women."

Louise considered the implication of legal safe spaces relating to gender. She expressed concern that single-sex provision can exclude those with the gender reassignment protected characteristic, such as domestic abuse services for women that can utilise the Equality Act (2010)'s single sex exclusion clause (Schedule 3, Para. 28). She argued "they're excluding an entire community, regardless of how you're going or where you are." She suggests that by protecting the safety of one group, e.g. cis women experiencing domestic abuse, risk increases of vulnerability and exclusion elsewhere. This aligns with the findings of severely limited domestic abuse resources for LGBT+ people in the UK in Galop's 2021 survey (Donovan et al. 2021).

5.3.1.2 Trans people at risk

Parents identified a variety of risks to their trans child. These were from others, such as transphobic incidents in school, which some participants had reported to the police as hate crimes, to what Peter called "small-minded prejudice." These also included unsupportive family members, such as ex-partners or the parent's sibling, wider community, religious affiliations, or encounters with random strangers. During the period

of interviewing, news broke that a teenage trans girl, Brianna Ghey, had been murdered in a park in northern England by two other teenagers (Pidd, 2023). Louise reacted by trying to understand where this desire to harm came from.

> “It's horrendous that someone who's clearly just getting on with their life gets murdered. It's just absolutely awful. We are people and we should just be trying to find a way to live with each other. It just makes me question “what is the fear exactly? Why are people so afraid?””

She went on to reflect how this had informed her internal narrative about her child’s safety in the world.

> “You always as a parent just pray that your child never gets into a situation where something like that can happen. But you know that there could just be two or three really bad people out there who will take action. That always sits at the back of your head. You like to trust they’re ok. Most people are good. Most people are decent. [...] But there is always that little thing at the back of your mind - “just stay safe.””

Parents weighed potential risks of harm to their child with the benefits of supporting their gender identity. Whether this is about supporting lifechanging medical decisions or being out in the world as themselves, parents weighed risk and worried about harm coming to their child. One parent identified two perspectives on risk regarding medical treatment for their child.

> “It's that whole long list of side effects that [child] got on the drugs that she's going to take. But it's how you manage that risk, isn't it? And I said to [child], “you really need to be sensitive about looking after yourself and keeping an eye on things.” But there's a risk for her not having it as well.”

This parent compared the decision making regarding the gender medicine their child was eventually prescribed with the medicine they were prescribed for cancer treatment. They had not expected that decision to be as complex regarding balancing the risk of having

treatment with the potential harm of not being treated. They rationalised their child's gender treatment as another with risks and benefits that needed to be carefully weighed and balanced in order to reach a decision.

All participants spoke about their desire to protect their child from harm and the challenges involved in balancing these impulses. They had reached the conclusion that they would safeguard their child's mental health and wellbeing by supporting their gender identity.

5.3.1.3 Parental role in keeping child safe

Parents identified and considered multiple ways they might protect or offer safety to their child. Andrzejewski et al. (2021) identify multiple studies suggesting parental support can be protective of trans young people's wellbeing but this has been given less attention than the risks trans youth face (p74) and the nature of the protection parental support can offer (p75). Their study with trans youth suggested they valued parents offering emotional and practical gender-related support, including with aspects of legal, social and medical transition (p76). However, not all their participants felt safe in their relationships with their parents. One young person said 'I wish they would not force me to talk to them about things I don't want to talk about. Because they force me into conversations sometimes, that make me feel really uncomfortable and unsafe' (Andrzejewski et al. 2021, p77). This absence, not just of feelings of safety but also agency in choosing whether to take part in a conversation or not, suggested limitations on how consistently parental support was valued or experienced as positive by trans young people.

Participants in my study spoke about actions they took to support and protect their children from harm. Anna talked about her partner carrying a Protect Trans Kids banner at Trans Pride and the importance of making a visible public statement of support for their

child. Louise considered how within the parents group she attended, different conceptualisations of support and protection were offered.

> “We have some parents in the group where they don't want to have any intervention. It's just all about how [they] dress and how [they] wear [their] hair. [...] It is difficult to know what is the right thing to do. How much are you doing to protect your children versus to deny your children? By doing various things, are you making their lives more difficult or less difficult?”

Louise’s uncertainty about what protection or harm from parents might look like was not echoed in the certainty of other parents. Sarah talked about the active measures she took to protect her child from harm.

> “We're quite private. We don't broadcast what we're doing to lots of people because I want to protect my daughter [...] You think about people that you have in your life, friends and family [...] you work out quite soon who are supportive and who are going to be showing you negativity. And we're quite clear on not wanting any negativity to be within our family and making my daughter feel othered or less than. So we politely say goodbye to those people. “Thank you, but no thank you.” And just surround ourselves with loving family and friends.”

She articulated how important her role in protecting her child from harm is to her.

> “It's a huge part of it. Society isn't generally particularly kind to gender nonconforming children; school, bullying. It can be quite a cruel, unkind place. So I'll always do what I need to do to protect my child.”

The parents talked about the care and concern they show when considering what safety looks like for their trans child. They considered multiple ways to protect them from harm and abuse whether in public, at school or within their family, formally by reporting hate crime, or informally by choosing when to be open about identity or not, and how they made space for their child to feel safe to experiment and grow to understand themselves. These

negotiations with visibility and invisibility as parents of trans youth mirror the experiences of the academic parent-advocates in Dyer et al. (2022). They suggest parents in this context either 'invisibilize ourselves as parents/advocates of trans kids or we hyper-visibilize ourselves as advocates in order to protect the very children for whom we advocate' (p108), revealing the tension between protection arising from both remaining hidden and from being visible that participants in my study elucidated.

5.3.2 Looking for certainty

The parents talked about how they acquired the confidence in their child they needed to support their child's desired transition, especially medical intervention, through finding evidence of the child's certainty in their gender identity. Uncertainty was often experienced because the child was bringing the parent something they had not encountered before and they needed to know and understand the risks and benefits before reaching a decision.

Rosa argued that "your children are going to do things in their lives, that you're not going to get, you don't understand and you will have never done that way. And that's because they are them. They're not you." She situated this in the learning parents go through as their child grows up, needing their influence over decision-making less. Challenges to the parents' perspectives on gender is just one of multiple ways that children growing into adulthood are likely to bring challenges to parents' long held views. She referenced 'your children are not your children' (Gibran, 1923) to explain how parents have to learn to accept that children are not merely going to follow their parents and will make their own decisions in life, whatever their parents teach.

Louise reflected on these changing relationships of power and control between parents and children. She identified the need

> "to relinquish a lot of control to your child. And you have to trust. [...] You have to continue to be a good parent. But at the same time, it's a whole uncharted area

> where it's [important to be] open to more things and try to do it in a supportive way, but not in a careless way."

This construction of the affirmative parent as supportive, but not careless, is an effective characterisation of these parents' approaches. They describe a thoughtful and considered path to being open to new ideas of gender identity and expression, to supporting change and re-examining their beliefs. This journey metaphor echoes Dunlap et al.'s (2023) identification that the parents they interviewed were 'lacking a familiar roadmap to help them understand and accept their child's gender journey' (p3932), resulting in fear and anxiety, but found their way to support through considered and careful learning.

Rosa suggested that some parents' ease with their child's difference could stem from their non-conformity in other matters.

> "There's something about if you are trans and you're born in a family where parents do not fit the mould, your chances are infinitely better. It doesn't matter what way they don't fit the mould. [...] If one of your parents at least has not fitted the mould, not being what is expected [...] There's something about having gained confidence, trust, in life. A lot of parents of trans kids, are terribly pragmatic."

Pragmatism does not necessarily come without doubt or uncertainty as other parents demonstrate. One parent expressed considerable unease at the changes their child wanted to make in their life.

> "I'm not happy about doing it the way I've done it. I honestly really would rather not. And when people talk so glibly about parents putting their children on drugs and blockers and all of this, I just think we'd rather not do it. And we'd rather not do it the way we're doing it. [...] I'm not 100% sure it's the right choice at all."

This parent had specific misgivings because they were being asked by their private healthcare provider to give the child's blocker injection themselves. However, it seemed to reflect their wider anxiety about the inaccessibility of the official (e.g. NHS) route to

medical transition. These concerns echoed Horton (2023b) who found parents of trans children wrestling with uncertainty in decision-making about puberty blockers. In the context of multiple critiques of the evidence base for this treatment, ‘a majority of parents described a careful process of weighing up the potential pros and cons of supporting access to puberty blockers [...] [These] parents highlighted concerns on how the limitations of the current evidence base were being used to deny healthcare’ (Horton, 2023b, p509). The choices my participants had made to access gender healthcare outside of the NHS protocols at the time, suggested they took a similar view to parents in Horton (2023b).

Anna talked about how she applied her understanding of peoples’ sexuality and gender and how this resides in a place of unknowingness.

> “I spend half the time telling [child] that I don't really know anything at all. Sometimes that can be quite uncomfortable because it means that I've let her take the lead in this. [...] I think to tell anybody what they should be doing with their gender or their sexuality, you have to be very, very sure they're making a mistake. And I'm just not sure that she's making a mistake. In fact I'm pretty sure she's not. I can see her becoming more comfortable with herself in a way that I never thought I'd expect because I always thought she was just going to be this really awkward kid. She's so much more comfortable now, which is really nice.”

This inability to know other people’s internally experienced identity contrasts with how gender norms operate e.g. presuming a person’s interests, preferred modes of behaviour, emotional relationality and other traits purely from their physical sex characteristics. This attitude offered Anna a means to gain confidence in her child’s difference through seeing her increasing ease in her gender identity.

5.3.2.1 “It’s just a phase”

It was evident that these parents have had to defend both their child’s expressed identity and their support for their child. They all gave examples of conversations they had had where they had defended their decision-making. They all explained thought-through responses to allegations that the child is just going through a phase in their development or may change their mind so changes that might have a permanent effect would best be discouraged.

Anna identified that “I think what somebody really said to me really usefully once was, it might just be a phase, but what's wrong with that?” She links this to another aspect of identity in young people that may be a phase, but can also be a lifelong allegiance – subcultures.

> “I thought actually, that's quite a good way of looking at it, because that's such an easy thing to throw around. “Oh, it's just a phase.” Obviously, it's a bit more serious than just being a goth for a bit or something.”

Presumptions that all young people’s diverse interests cease in adulthood, whether this is gender identity or subcultures like goth, misses the reality that these connections with diverse identities as well as being adopted and discarded in teenage and early adulthood, can also be lifelong, or revisited in later life. Goth is a relevant example, since it ‘introduced new alternatives to traditional propriety [...] [and] became a celebration of non-traditional sex and gender blur, both in look and practice,’ according to Robb (2023, p5). An appeal to youth culture as an analogy for a teenage phase actually offers evidence that phases can have lifelong influence over individual identity to many. Hodkinson (2012)’s observations and interviews with attendees at Whitby’s twice-yearly Goth Weekend showed multi-generational subcultural engagement, changing form as participants grew older and drew their families into the experience. Subcultures, like queer time (Halberstam, 2005), can interfere with or disrupt the expected trajectory of adulthood – into marriage, house, job and family – and similarly challenge social norms.

Rosa identifies the ‘it’s just a phase’ narrative as coming from

> “the trans exclusionary side of things. The gender critical side of things “it's just a phase. They'll go through it, just whip them into submission and they'll be fine,” kind of thing. “It's just a phase.” It's not that. Maybe it's just not so important what gender somebody turns out to be.”

Using the phrase “whip into submission” brings to mind what Stewart-Tufescu (2020) identifies as the Middle Ages, ‘prevailing Christian notion of original sin [that] held that children are born inherently evil and require beatings to rid them of their demonic tendencies’ (p2). Rosa suggests alignment between punishment models of parental discipline towards children that are in opposition to rights-based approaches which consider children able to determine their sense of self without coercion or punishment. The punishment approach also aligns with reparative gender therapy (Ehrensaft, 2017, p61) where signs of gender non-conformity are discouraged by parents, teaching the child to accept gender norms matching their physical sex. None of the participants expressed that they valued this approach, although Anna’s concern at the challenges her child might find in the world suggests some initial consideration of this perspective.

5.3.2.2 Living with uncertainty

Rosa identified that both parents and children need to develop the confidence to live with the insecurity of unfixed gender identities. The possibility that gender identity could be difficult to define and be subject to change can be challenging to affirm, whether the child has a binary or more complex gender identity.

> “I think that that's the need for security, isn't it? It takes a certain amount of feeling safe and confident to dare to question the securities in life, the things that you think you are secure about knowing.”

She suggests the initial fears of judgement of the parent and fears of harm to the child "need a certain amount of confidence and courage to get past." Anna found confidence in the consistency and certainty of the identity messages her child was sharing. She describes her being "very consistent and she's been very clear right from the beginning, which, in some ways, has made it easier." She explained that this was unusual for her child and concluded this consistency was encouraging.

The participants found reassurance in congruence between what their child told them would make them happy and their resulting mood. This congruence offered parents hope that their certainty was justified and would result in their child experiencing positive impacts from their affirmation. Rosa directly linked their confidence in their child's certainty to their path through social and medical transition.

> "Could I, in all honesty, trust my [kid] on the trans matters? [...] absolutely. Steadfast. Consistent. [...] Has long done the social transition and legal side, all of that sort of thing. Now has got the hormones and just yesterday got his first Gender Identity Clinic appointment. Not a doubt in my mind. This is it. [...] there's a robustness and stability in there."

Louise used the metaphor of 'uncharted territory' when considering how much certainty she needed before she would support her child's gender identity.

> "You go in knowing that it's uncharted and there might be some mistakes [...] You're just gonna have to course correct and live with it. This is life. Life is the journey. Life is not just straight, perfectly manicured roads. There could be some bumps and whatever and that's OK. You can't look over your shoulder and blame the bumps on other people advising you or caring for you."

This pragmatic perspective recognises the potential that children growing up will encounter difficulty and change in life that is not always foreseeable and straightforward and applies it to the inability to determine the future of the child's expressed gender. The

resilience available in acceptance that bumps in the road might be encountered and can be dealt with offers another example of the pragmatic strategies parents employed.

Anna located her own experience of gender to help understand her child's complexity of presentation.

> "That's what it's like being trans. It's not all straightforward and there's lots of different ways of being trans. One of the things I really feared about the future to begin with was how people react to her about not being female enough, not being feminine enough, just being this awkward in between. Now I'm like, celebrate wherever you end up. I'm not exactly that feminine myself."

She had experience of not fitting socially policed standards of femininity to draw on when considering whether and how to support her child's gender presentation. These motivated her to defend her child from comments that she was not meeting these socially constructed standards. Rahilly (2015) identified supportive parents of trans and gender non-conforming children and young people as exposing 'new strategies for negotiating and resisting gender norms' (p340). Louise also saw this desire for certainty as a feature of the application of societal gender norms.

> "When you get onto a bus, when you walk down the street, you're looking around. [You] categoris[e] people. "This is a man. This is a woman. This is a boy. This is a girl." That's just where we naturally go to. But why? It's about how we live our lives. It's about society. There are those kinds of norms, not necessarily what is genuine or natural or real."

Rahilly (2015) suggests the parents she interviewed who adopted gender neutral approaches supported their children to challenge binary gender, while maintaining cisnormativity. 'Gender-progressive parenting encouraged boys and girls to be whatever they wanted to be, regardless of stereotypes—but they were ever and always (cisgender) boys and girls, respectively' (p341). The parents I interviewed expressed the fear and

discomfort that can occur when their child asks them to transgress this further threshold of gender norms by supporting their transgender identity.

Figure 8

"Are you sure?"

"wish I had a crystal ball
you could tell me
that this is exactly what you want,
and it's all OK"

you like to put things in boxes
to categorize
to label
you like to have a very organized world
there's been this sort of explosion
They don't need that same level of structure
in order to feel comfortable

You have an idea that medicine
is black and white
my experience of the treatment that I had
wasn't like that
it wasn't always straightforward
that's what it's like being trans
it's not all straightforward
there's lots of different ways

"you're a man"
"you're a woman"

the right way is to be this
the right way is to be that
You're not just rejecting the man or woman thing
You're also rejecting
the idea that there is a right way
Maybe there isn't a right way

"Oh, it's just a phase"

that's such an easy thing to throw around
it might just be a phase
but what's wrong with that?
this is the thing that they must do in their life
so they must do it

"just whip them into submission
and they'll be fine"

I see the depth of feeling and conviction
such a strong character
always the most determined

"I am this
and I am this for the rest of my life"

everything is a lot more fluid
it doesn't really matter
whether it is a robust consistent choice
that goes through every fibre of their being
every molecule
just me thinking black and white

"Does it really matter?"
maybe it's just not that important
what gender somebody turns out to be
I still can't come up with a reason
why it would really, really matter
I just can't
There are other options than right or wrong.

We muddle along.
it's impossible to know the future
you just have to be able to live with the decision

right from the beginning
she's been very consistent
she's been very clear
she's not a very forthright person at all
this is the one thing she has been very forthright about
Every now and again I'll go, *"are you sure?"*
she just rolls her eyes and goes *"Mum!"* [laughs]

5.3.3 “It’s a lottery”: luck and encounters with trolls

Notions of luck and fortune, good and bad, appeared in most parents’ narratives. These parents did not present themselves as special. Their words reflected anxieties about the nature of the trans experience in the world and their own significantly lowered expectations – of how promptly, knowledgably and sympathetically their child’s school, the NHS, whether primary or specialist care, bureaucracy, such as the Passport Office, and other people they encounter, will treat them.

These are parents who speak to other parents and know how harshly the world can treat the families of trans young people. They look at social media and see their peers called child abusers, see the parents of trans young people who have died by murder and suicide e.g. Brianna Ghey (Pidd, 2023) and Alice Litman (Banfield-Nawachi, 2023) and they hope to avoid these tragic events. They find good fortune in the support of other parents, GPs, kind individuals and supportive family, in access to money that makes private medical treatment possible, in living somewhere where things aren’t as bad as they could be elsewhere and in seeing the impact of giving their child the space to learn and grow for themselves. Fortune was invoked as both a synonym for luck (e.g. a lottery) and as the financial means to access resources that might otherwise be unavailable if they were reliant on state healthcare.

Mikulak (2022) recognised the luck narrative in her interviews with parents. It appeared as ‘the framing of positive and non-discriminatory interactions and outcomes as ‘lucky’, as irregularities in an otherwise hostile world where understanding and informed GPs, inclusive schools, and families where everyone is accepting and affirming are few and far between’ (Mikulak 2022 p79). They go on to catalogue the series of barriers and waiting that those ‘lucky’ enough to access NHS young people’s gender care (before Bell v Tavistock) encountered – an experience they describe as ‘dire’ and ‘preposterously long’ (Mikulak 2022 p85). This negative expression of the experiences of the families of trans youth can be either realistic considering the current public discourse or a lowering of

expectations that allows those responsible for public services to avoid responsibility for improvement.

5.3.3.1 Encountering trolls: gatekeepers

Parents used the language of luck and fortune in their descriptions of encounters with trolls – as gatekeepers of bureaucracy or as representations of ignorance and hostility. Louise described her object – a blue UK passport – as representing the repeated encounters with bureaucracy that have characterised her experience of supporting her child and the good and bad fortune that she has met along the way.

> "The passport is just one example. There are so many other things where you have to change names, you have to change genders and you come up with this entire list. The passport was the most complicated one. [...] Every time I had to make the call to understand where we were, why there was a delay, it was always a 15 minute explanation."

The passport was offered by this parent as the ultimate symbol of documenting identity. Popp (2012) describes the powerful symbolism of passports as 'texts [that] firmly deny cultural hybridity; they force us into gender binaries; they affirm the idea that identity must have an origin in time and space; and they reduce us to state-produced images by freezing us in photo form' (p293). Louise actively supported her child to change a key means by which the state exerts its power to fix and control the expression of identity. Whether this involved her child's name, gender, birthplace or nationality, Louise attached great significance to the process of achieving the name and gender change. She described "getting the passport the right way is really affirmative. It's "yes, this is who I am." This is who I'm showing to the world" and involved "many tears and arguments." She explained how crucial the passport was to their child's sense of themselves in settings where identity is required to be proved. "We should never ask anyone to rationalize away who they are just for the sake of getting on the plane or leaving the country," emphasising how vital her

child felt that their identity was affirmed officially at the UK's border. Louise identified the emotional and administrative effort involved in getting her child a passport that recognised their new identity, suggesting there is institutional resistance to exercising the power to change. "You realize as you're going through the process, how many times you have to explain a situation. Whereas other people don't have to explain anything about themselves. They just say "here I am. This is me. I'd like a passport."" She reflected on the anxiety of each new phone call, each new email, wondering if the person they encountered would be knowledgeable and supportive or ignorant and hostile and this process taking a toll on emotional strength and resilience.

> "I was the one who said that I would take on following up with the passport. I knew that as a child or a trans person to do that and put yourself out there every single day, it's exhausting and it's just absolutely demeaning."

Peter described a similar emotional toll in the process of accessing private hormone prescriptions.

> "We have to get the next load of T [testosterone] and we're going with the private prescription. We go with that little bit more apprehension. Will this particular pharmacist collaborate? [...] Will they end up asking awkward questions?"

These parents expressed willingness to take the weight of these encounters off their child's shoulders and recognised that these burdens of proof of identity are a feature of systems not designed for their needs. Peter's concerns appear, following the implementation of the ban on private prescriptions of puberty blockers (GnRH blocker ban, 2024), more poignant and acute. Even then, the unpredictability of whether these parents might encounter supportive or unsupportive GPs, receptionists, pharmacists, clinicians, schools, family, friends, communities, neighbours, voices on the phone or on the street evidently takes an emotional toll. Louise described

> "the fact that it is just such a lottery is really, really difficult. Because if you're gonna always be dealing with people who behave in a certain way, then obviously you can

> prepare for it. But you really have to prepare for any kind of a person and any kind of a situation, which is pretty exhausting."

The unpredictability of whether the parent was going to encounter gatekeepers or support when navigating bureaucracy for their child suggests the stress and unpredictability of supporting their child's social transition.

5.3.3.2 Encountering trolls: hostile voices

Participants identified trans-hostile voices in UK print and broadcast media and social media, forming part of a broader international phenomenon (Bassey and LaFleur, 2022). Many expressed concern that transphobia was not confined to the right wing press, such as the Daily Mail and Times. Sarah expressed disappointment that The Guardian, usually seen as a left-wing paper, had columnists that regularly post articles that "are quite transphobic." She identified articles about how

> "trans girls, particularly trans women, are dangerous and a danger to women's spaces. I think it's so misguided and hateful. I think that the newspapers perpetuate a lot of that information [...] The negative reporting [is] really unhelpful for members of society that read those newspapers and that helps them to inform their opinions. I think it's really dangerous, some of the things that they write."

She identified the dangers being heightened by the right-wing press and the then Conservative government. Rosa also identified the press as a source of public transphobic discourse, saying she "boycotted all the newspapers that were transphobic. I don't think I've got a newspaper left at this point." It was concerning to her that "the quality of the information is downright misleading, misinformed, under researched. I do find that quite shocking." Louise identified the absence of suitably informed media to counteract trans-hostile voices as a source of fear, as "it is written as if it's not dealing with human beings" and "dehumanises an entire community." This constant work to navigate transphobia and

address ignorance has an impact on parents. Peter talked about how depressing he found this and how he led him to questions whether it is him or the transphobic “politically left-leaning [...] otherwise compassionate humans” that are wrong.

Most of the parents interviewed mentioned J.K. Rowling as a representative of a particular mode of anti-trans sentiment rooted in ‘trans exclusionary radical feminism’ (Pearce et al. 2020) that they had encountered online (Gwenffrewi, 2022). One parent spoke about someone she knew who had been “sucked into Facebook and Twitter [now X] and has become a 100% gold-plated, very proud TERF” in a change that became apparent over “six months and she was radicalised.” This parent described they had become cautious on social media as there were “so many alleyways you can go down and so many dark paths and so many opinions that it's very, very difficult to get the right advice.” Social media, including sites such as Twitter/X, have been identified with the resurgence in right wing political thought globally, including homophobia and transphobia (Sanchez-Sanchez et al. 2024). Lawless and Cole (2021) explored a particular trolling experience and the way gender was used to attack its subject. Participants in my study expressed concerns about the difficulty of countering transphobic narratives that family, friends and others find in the media and the potential for this to impact on their trans child’s wellbeing.

Anna played down the encounters she had with hostile people, in terms of misfortune.

> “I have been a bit unlucky. I've had a few people, quite a few people, say ridiculous things to me [...] Middle-aged, quite frankly, women. It is all women that have said stuff to me. Cisgendered, heterosexual white women. All of them.”

These encounters were presented as ridiculous, suggesting ignorance and thoughtlessness, more than a deliberate intent to be rude. Anna described a common scenario where “someone started asking me whether my child was going to going to have surgery. And I just laughed it off and said, “Are you asking me what my child wants to do with their genitals in the near future? Because I'm not going to answer that”.” Peter reflected similarly on his family’s encounters with “smallminded prejudice” and how this

resulted from “the majority of people who don't understand trans people at the moment [not having] trans people in their lives.”

Louise spoke, soon after the murder of Brianna Ghey (Pidd, 2023), about her concerns that this violent act represents wider views held by the parents and community that the children responsible grew up with. She explained how upsetting and worrying this is to a parent trying to keep her child safe. She described “most people are good. Most people are decent. They'll walk away if they don't like you,” while knowing that the worst-case scenario of risk remains a possibility.

5.4 Four: Finding the Right Path

The parents talked about their experiences accessing specialist gender medical care, initially from the NHS GIDS service and then private medical providers. The parents explained the obstacles they encountered and the decisions they made that resulted in all these families accessing private rather than NHS medical transition for their child. They talked about their privileges - financial, social, temporal and situational (or lack of) - and the other parents they encountered – variously described as warriors, bears and lions – who offered knowledge and support to help them find and fight for what their child needed. It was notable that many parents saw conversations with, and connections to, queer and trans lives and community as significant in helping them to see possibilities for their children's future lives, including finding sources of pride.

5.4.1 Journey through the medical maze

All the parents spoke about their experiences of trying to access or accessing NHS gender care. Only one parent had actually received a service from GIDS after a six month wait, having joined the waiting list at a point when this had been the typical waiting period (mid to late 2010s). All the others had been on the waiting list for at least a year having joined later (early 2020s) and were still waiting or their child had "aged off" the GIDS waiting list (reached 18 years of age) and had moved to the waiting list for an assessment from their chosen adult GIC. All were aware of the public context for trans people described in Chapter Two, up to the point of the interviews (Figure 2).

5.4.1.1 Young people's gender medicine: the GIDS experience

The parent who had received support from the NHS GIDS service spoke highly of the first clinician they saw and the support they received for both their child and themselves, although that clinician had since left. They experienced that change of clinician as disruptive in the context of wider change in the service, around the time of the Bell v

Tavistock court case. “Our clinicians left [...] and I don't blame them. [...] I don't think I could work in an environment like that, that's under so much scrutiny and so much change.” This parent described the experience of GIDS as “functional,” like the Tavi bag they took to appointments. They described GIDS as a ‘gateway’ to accessing medical transition though the NHS, with stresses and complexities for themselves and her child.

> “The visit down there for the appointments, whether it's with [endocrinology] or whether it's the psychosocial work [...] it was not a jolly. It was quite stressful, because my [child is] neurodiverse as well, so being in a waiting room with lots of people. It's stressful, it's anxiety inducing, it's hot. You're being prodded and poked, your child is. And, by extension, you feel that you are as well. It's not an easy journey. It's not an easy set of appointments. “

This parent described the support they received from the family’s GIDS clinician “quite useful.” They explained that it provided

> “the opportunity to be able to talk about what was going on from as a parent to a clinician, that understood what I was going through or at least had some empathy. [...] I know that's not the case for lots of other people, but I did feel very fortunate that I could do that and it was very useful for me to help me process it.”

Other research on parental experiences of GIDS offers a different picture to that presented by this parent. Horton (2021) identifies parents of children who had used GIDS experiencing their clinicians as ‘judgemental, pathologizing and outdated’ (p74), the assessment process as ‘intrusive and irrelevant’ (p75), the clinical practice as ‘inappropriate, insensitive and not trauma informed’ (p76) and that parents were discouraged by the service from supporting their trans children (p77). The parent with GIDS experience reflected on the power inherent in their relationship with GIDS. They identified their GIDS clinician’s support as

> “really, really, really useful. But obviously that's within a gatekeeping role, isn't it? Because of the nature of the support that they're giving. It's within a role that's not an equally balanced supportive function, is it? It's top down. They're the ones that are in a powerful position and authority, where the parents and young people are accessing their position and their authority.”

The power relationship between GIDS clinicians and the families who come to them for support was most crucially located in the control over access to medical interventions that the GIDS service hold and children and young people referred to the service wanted. Horton (2021a) identifies from their interviews with parents ‘experiences of inappropriate assessment of gender, with children and families raising concerns about assessment of gender expression, interests, and sexual orientation’ (p57) and one child describing the GIDS clinicians as ‘intimidating,’ ‘terrifying,’ and ‘they have all this power to control my life. Who wouldn’t be scared of that?’ (p61). The parent with experience of using GIDS considered overall that “trans and non-binary people are being failed by the NHS” and expressed concern that “the NHS seems to be working in its own little bubble, it's not following any international guidelines [e.g. the WPATH (Coleman et al. 2022) standards] and I think it's really, really dangerous for our young people.”

The parent whose child was to have been prescribed puberty blockers via the NHS GIDS service had this process halted by the NHS England (2021) guidance that followed the initial Bell v Tavistock (2020) judgment. This parent, whose child already had the agreement of their GIDS clinician, the specialist paediatric endocrinology service and had been assessed as able to give their consent to the treatment, decided to commission the treatment from a private healthcare provider instead. Their frustration at their NHS support coming to a halt was distinct – they talked about “the rug being pulled” from under them and the efforts they made to alleviate their child’s distress.

5.4.1.2 Trans young people on the GIDS waiting list

The struggles of those who have gained access to the GIDS service seemed distant to those whose children appear unlikely to ever get close to GIDS (or the service that is replacing it). Anna's child had been on the GIDS waiting list for three years (since they were 14) and she didn't anticipate them being seen by GIDS. Instead, she anticipated waiting even longer to be seen by an adult GIC. Her perception of the NHS was influenced by the experiences of a friend and their child.

> "Where do you start? There's no support for trans kids on the NHS unless, like my friend's child, they are dangerously unwell and have a high level of support from CAMHS[26], but even so they haven't actually helped him. It hasn't got him seen at [GIDS]."

This supports the CQC's findings that GIDS had not been effectively managing the risks to mental health and wellbeing of those on their waiting list (CQC, 2021).

5.4.1.3 Choosing private gender care

It was notable that all the parents interviewed had arranged for private medical gender care for their children, whether puberty blockers or gender-affirming hormones e.g. testosterone. They had come to this from two perspectives, either pursuing private care because the NHS prescription approved by GIDS had been halted by the Bell v Tavistock judgement (2020) or as an interim measure while on NHS GIDS and GIC waiting lists. Some were paying for the prescription themselves and were either able to manage the payment within their family budget, had to 'make do' to manage the cost or had a time limit on this as they could not afford this long term. Some had the support of their GP so the NHS were

[26] Child and Adolescent Mental Health Services – NHS mental health services for children and young people offering community based health and social care resources.

paying for the private prescription via shared care, leaving them with less financial pressure.

All parents said they would prefer that their child's gender care, including their prescription, was organised via the NHS and this was not just for financial reasons. There were mixed feelings, including seeing the NHS route as "doing the right thing" and offering reassurance of effective oversight of treatment as well as political perspectives on using private medical gender care, although none questioned the value of the treatment itself for their child.

One parent talked about going through the NHS as being "the correct way" and others found the online private prescription service they used insecure, describing this system as "winging it." One parent had effectively created a clinical pathway by arranging for their own private psychological assessments and health monitoring in addition to the private prescription service. Another parent explained that "it's very well managed and we feel very well looked after. I know for some people doing that kind of medical care through [...] the internet isn't really what everybody expects or wants. But we've not had any complaints."

Another parent found that, in the absence of NHS support for their child's private prescription, needing to give their child an injection themselves was a scary prospect which was affecting their overall opinion of private treatment. One parent was confident that the choice they had made for their child to access private treatment was the correct one and stated that they would be prepared to defend this robustly.

> "I know lots of people have got lots of very strong opinions about accessing private medical care for under eighteens. [...] That's fine. You can have an opinion. It doesn't have any bearing on the decisions that we make as a family. [...] This is our opinion and we'll always continue to do what's right for us."

One parent talked about the private psychiatrist they commissioned to assess their child since they were unlikely to see one on the NHS soon, because of the GIDS waiting list.

> “We found this psychiatrist who’d just opened up a new private clinic. He was someone who used to work for GIDS [...] it's £200 an hour. We went for six months. At the end [...] he produced a report that didn't give her a diagnosis, just said that they didn't show enough distress to be trans. Which makes me laugh because it's like, “oh, I'm sorry, is my child not unhappy enough?””

The frustration of this experience was evident. The parents had paid significant amounts for psychological assessments that did not recognise that a child could be trans and be happy because they had socially transitioned with the support of their family. Another parent explained their reasoning for paying for private gender healthcare for their child:

> “It's one of those things where you want to make sure that you are being considered with your child, but obviously taking their mental wellbeing into account. It is really a difficult decision, it's not something that I think anyone takes lightly.”

It is evident that these parents felt they needed to justify their decisions and derived confidence from how considered their reasoning had been and how firm the foundation of their child’s identity was. The difficulty of accessing medical transition and the considered nature of the parent’s decision-making in the face of inaccessible or insecure sources of treatment and support speaks of their determination to help their child and their investment in accessing resources that aimed to improve their child’s wellbeing.

Overall, the parents found accessing medical transition for their child and support for themselves and their families a complex and often frustrating experience, whether involving state or privately funded support or both. These experiences were explained as fraught with stress, compromise, insecurity and cost. Where they found useful resources

was often a matter of luck, knowledge from elsewhere, e.g. other parents, on what worked or how to plan contingencies for what didn't and needing confidence to assert what they required.

5.4.2 Privilege

All of the parents interviewed were aware that their support for their child's medical transition and advocacy for the social recognition of their child's identity was affected by their relative levels of privilege. These included social privileges, such as educational attainment, through speaking the language of middle-class professionals or perceived class as a signifier of respectability. All the parents were aware of their relative economic privilege, or lack of it, in terms of money to pay for private care. The passage of time also offered temporal privilege, such as when their child joined NHS waiting lists for gender medicine.

5.4.2.1 Social privileges

Anna described navigating the complex world of private and state young people's gender medicine as well as schools, as similar, and in addition to, her battles regarding her child's neurodiversity. "I work full time, I'm in crisis with [child's] schools. [...] I have to be in charge of it all so I'm like, OK, which fight do I fight first? [laughs]." She described feeling intimidated by professionals in meetings, prompting wanting to research law on rights in order to feel able to argue for the support her child needs:

> "We're sat there, [partner] and I. It's very easy for [us] to feel overwhelmed by professional people. [We've] both got degrees, but we've both had problems at school and learning stuff and don't earn very much and don't have a successful big professional career."

Similarly, Rosa talked about her conscious use of her middle-class privilege when interacting with professionals.

> “The kids laugh about it because [...] we gotta go [to] the GP to talk about something related to trans matters, I do Oxo mum. You know, Lynda Bellingham and the perfect family [...] so we are utterly respectable and reliable.”

Rosa invoked an image of middle-class respectability from 1980s TV advertising that depicted a capable matriarch feeding her family. This conscious adoption of tropes of social privilege and respectability by parents underpinned their advocacy for their child’s gender with health and education professionals. They acknowledged the disadvantages those without pre-existing access to resources including legal and professional knowledge, language, law and contacts could experience.

5.4.2.2 Economic privilege

Parents were aware of the financial privilege they did or didn’t have. Peter described his son’s hormone treatment as

> “sort of affordable. It's affordable to us but it doesn't cost an absolute fortune [...] Lots of people definitely can't and the NHS not covering for the need is a huge problem. Like with everything about going private, there’s a huge amount of privilege in being able to.”

One parent described the challenges of meeting the cost of private treatment as having “a limit to what [partner] and I can do. We're using up our savings [...] I've got no hope in hell of replenishing my savings now and helping her in the future.” They explained that “I've been able to afford this because [a close family member] died and left me some money. But I have put that money aside and that's what we're spending.” They described this finite pot of money as bearing the weight of emotional attachment, framing it as important that the person who had died would have supported using the money in this way.

Both these parents mentioned the impact of the cost of living crisis in the UK as affecting theirs or other people's ability to pay privately for their child's gender treatment. Despite this, all of the parents involved in this study accessed private gender treatment for their child and considered it a priority for their wellbeing, even considering the financial cost.

Louise identified an element of their good fortune as having "an amazing GP [who was] happy to help us with shared care with [private gender clinic]." Shared care between the private provider who assessed the need for gender medication and the child's NHS GP who prescribed was highly valued as this meant the cost would reduce to usual NHS prescription charges. This can ease financial concerns, but it is not consistently available and relies on the goodwill of the GP and, at times, the GP practice as a whole. Anna's experience with getting shared care from her GP was very different – "my GP surgery, I can't get past the frigging receptionists [...] the receptionists are transphobic and I've been having rows with them." These economic inequalities in access to state and private treatment, compounded by the actions of individual employees, and the interactions between state and private medical care affects both parents and young people, adding to the stressors they experience.

5.4.2.3 Temporal and situational privilege

The situations identified as formed by privilege were also considered in terms of timing and circumstance (Figure 2).

Narratives of time intersecting with luck were present in the parents' explanations of access to, and experiences of, NHS gender healthcare. One expressed feeling lucky to have got on the GIDS waiting list when the waiting was only six months (Years and Years poem, Figure 6) and feeling lucky to be getting out of GIDS at a point at which the service was beleaguered and under significant public scrutiny. Another characterised their

situation as unlucky, having got on the GIDS waiting list at a point when their child won't be seen until they are moved to an adult list at 18 (Luck poem, Figure 3).

Anna was evidently emotional when speaking about the frustration of the GIDS waiting list. "It's insane. We've been on the waiting list for three years. And there's absolutely no chance that she's going to get seen." This frustration extends to what will follow this experience when her child moves to adult gender services.

> "She's not going to get seen as a teen. She's not gonna be seen in the children's clinic. She'd be moved over to the adults' clinic [...] It's four and a half years for the people they're seeing now. But the people that been on the waiting list for three years, I think it's probably more like five or six years. And I know the adult waiting list is six or seven years. "

These intense feelings offer context to the parents' desire to seek alternatives that might address the child's feelings of being in limbo without treatment and why they choose to access private treatment in the meantime.

5.4.3 Finding wisdom and community

In this complex and challenging context for NHS and private gender healthcare, parents sought the advice of other parents. Many of the parental narratives explored how reaching beyond formal support to informal and queer experiences supported their confidence in their child's identity. The parents were recruited for this research from private Facebook groups of parents, some of which were affiliated to UK organisations supporting families of trans young people, such as Mermaids (Bailey and Mackenzie, 2023) and FFLAG [full name]. Their perspective is informed by being a self-selected sample of parents who had already found this support of value. These support groups operate at the microsystem level of Bronfenbrenner's (1979) ecology model, offering interpersonal support that Heath (2009) suggests is essential underpinning to social integration and feelings of connection

with others. These effects can be heightened where parental support is offered via a peer support model that recognises parental strengths, desire to act as advocates and act with agency to advocate for their child (Horton, 2021b).

5.4.3.1 Parental support and mutual aid

The parents described support from other parents as “really wonderful,” “really good,” “exceptionally helpful” and “fantastic.” Sarah explained that she was “seeking different things” from formal (e.g. healthcare) and informal (e.g. other parents) support and that both were “equally as valid.”

> “You're seeking a different level of support - one formal, one informal - I don't think one's better than the other [...] They're just different types of support. The informal support you receive, you're also able to give it. Whereas the formal support is more one sided. You're just the recipient of that support.”

The idea that one of the valuable elements of informal support is that it is not one-sided or hierarchical in the same way as formal support is, connects to the idea of mutual aid that has long been vital to queer and other marginalised communities. Holloway et al. (2023) identify queer mutual aid as ‘having a long history in queer and trans communities’ (p157). Marsha P. Johnson and Sylvia Rivera of STAR (Street Transvestite Action Revolutionaries) organised housing, healthcare, funding and emotional support for trans youth rejected by their families in the 1960s and communities organised health and welfare responses to HIV/AIDS in the 1980’s when mainstream healthcare in the US, UK and elsewhere refused to support affected gay men.

The main non-NHS organisation the parents accessed for support was Mermaids, the most nationally visible support organisation for families of trans children and young people in the UK. This charity was set up in 1994 by parents whose children were among the earliest seen by GIDS and has grown into a national charity (Griffiths, 2018). The support available

from Mermaids was described in varied terms, in the context of changing public perception of the organisation (Bailey and Mackenzie, 2023). Some parents had found changes to the support available as a result of increased security measures unhelpful and had joined networks of parents with similar perspectives instead, e.g. in private Facebook groups where access was granted via personal connection. Rosa explained that "part of my life is support groups" and suggested Facebook was a more helpful location for the kind of support she needed. Sarah called the support available from other parents there "wonderful." Louise contrasted the "horrendous" contemporary context of public discourse around the existence of trans young people with the "safe space" for parents she found in a support group.

Not all parent groups parents encountered had been supportive of trans young people's identities. One parent talked about encounters they had with parents that were members of another parents group that was critical of affirmation of trans children's identities and worried about the impact that had on that parent's trans child. This echoed findings from an investigation about a parents group that supports parents to resist their child's diverse gender identity and positively admitted that their actions, such as preventing young people from taking hormones at home, restricting access to supportive friends, the internet and funds for transition care could be considered abusive (Baker and Rocca, 2024).

The parents I interviewed explained they found emotional and practical support in the parents groups they had encountered. Louise identified what the parents support group she found meant to her. She described

> "so many parents and, the stories, they're all unique. But there are many threads of similarity [...] This is the community that really gets me. I can say things and they can say things and we can ask each other questions whether it's practical or anything else."

Louise had deliberately sought a parent's support group as "I've belonged to different support groups in the past for different issues and I've always found it incredibly empowering to be with people who have suffered or experienced the same thing as you. It just makes you realize that you're not alone." This sense of not wanting to feel isolated in the experience of being a parent of a trans child is common to other parental experiences. Arky (2023) explains the value of support groups for parents of children with disabilities mainly in terms of emotional support that echoes Louise's words; 'they make you feel less alone.' Peter found "bonding with people who go through the same thing" as an important outcome for having attended a parent's support group as well as "the support strategies and coping strategies of the other parents."

5.4.3.2 Practical support

Rosa identified value in the practical support of other parents, giving the example of a binder[27], "The first time that you need to go find a binder, where do you even start? Where you get that information from? The answer is other parents and your kid." This reflected my experiences of finding valuable guidance from parents groups, such as how to change identity documentation using deed poll[28].

Louise talked about this practicality as a relationship of equals. "We can ask each other questions whether it's practical or anything else. You just have that understanding because you're in that same position. And that was absolutely fantastic." The value of having the support of other parents outside of formal professional contexts was emphasised; "the group that I belong to, there are no psychologists or counsellors. We have speakers that come in but it's just really parents supporting parents and listening to their stories." Hearing about families living and working with their child's identity offered

[27] Binders are items of clothing, often made from strong elasticated material, that are designed to minimise the appearance of breasts for transmasculine people.
[28] Deed poll is a long established civil process for legal name change that can be completed informally, notarised by a solicitor or formally enrolled by the Royal Courts of Justice. Change of name via deed poll for those under 16 must be made with the support of those who have legal parental responsibility for the child or made via court order.

role models for coping on emotional and practical levels. Louise described feeling “much more able to cope. You look at people and “they're getting on with their lives day-to-day and they're managing”.” Lived experience of other parents was encountered as encouraging, providing models for hope for the future as well as practical solutions to issues other parents had experienced.

5.4.4 Parental roles: warriors, bears and lions

Parents identified multiple roles they adopted in supporting their trans children. Other parents supported the participants in the emotional labour of advocating for their child in educational, medical and state bureaucracy through knowledge, resources and encouragement, acting as peer educators. Parents used metaphors such as “mum warriors,” “mamma bears” and “lions” to describe the fiercely protective approach they embodied or encountered.

Sarah characterised parents’ role in supporting their trans child as a fight and often gendered.

> “Typically in the informal support groups, it tends to be mums [...] You know, the mum warriors. There is a couple of dads there, and I think they're brilliant for supporting their child, but there is a gender imbalance there, in supporting gender nonconforming young people, certainly.”

Horton (2021b) identified the phenomenon of the ‘majority of these parent advocates [being] cis mothers’ (p2). This pattern regarding who seeks peer support is consistent with mothers being more likely to support their trans child’s identity. This wider phenomenon remains unexplained beyond an extrapolation from the “pathologizing approaches to transgender children [that] have typically blamed parents (and specifically ‘overly attached mothers’ and ‘absent fathers’)” (Riggs, 2019, p93) for their child’s gender identity overall.

Literature on a similar experience of parental support seeking (e.g. parents of children with disabilities) evidences a similar gender mix of those who accessed peer support (Bray et al. 2017). Werner (2023) argued parents caring for children with medical complexity are predominantly mothers, reflecting a complex picture of gender norms, employment patterns and the availability of state support. This picture being rooted in gender norms could explain the gendered behaviour of parents of trans youth regarding acceptance, support seeking and advocacy.

Louise suggests that supporting her child is a complex and not always comfortable position.

> “It's not straightforward. You're continually challenged on a personal level, in the relationship with you and your child. You’re dealing with helping your child, being that lion. You are fending off the negative narratives and getting the emotions around that. It's not a comfortable place for a parent. And that's got nothing to do with the fact that you don't support your child or you don't accept your child.”

She explained dealing with her own feelings at the same time as negotiating what her child needed with the ferocity of a “lion.” She describes this as “overwhelming [with] so many different strands at the same time. It does feel like a bit of a battle and a bit of a sensory overload, in terms of all this stuff coming at you.” Horton (2021b) suggests parents move from supporting their child into advocacy, ‘from direct and indirect experiences of discrimination, cisnormativity, and societal barriers to equality of opportunity for trans children’ (p1). Rosa’s saw her role as a parent was not just to support her child but to offer support and advocate for the rights of all trans people. She sees the importance of cis allies who “keep resisting. If we keep fighting, if we keep vocal about it” there is the likelihood of change. Rosa identified visible pride as a political act that worked for gay rights in the UK in the 1980s now having value for trans rights. She suggested the lesson learned was to be “loud, be proud, be outspoken. Take them to court. Fight back.”

Schlehofer et al. (2021) identified parents in their study 'who saw themselves as advocates felt that they were more than just an advocate for their child; they expressed that they were advocates for TGNC[29] youth in general [and] engaged in activities which benefitted themselves and other TGNC children' (p457) suggesting parents grow wider political consciousness as a result of engaging with other parents to support their own child.

5.4.5 Queer people

A crucial source of support and knowledge that parents talked about finding, sometimes without consciously seeking it, was the support, guidance and friendship of queer and trans people, whether for themselves or their trans child finding their own.

5.4.5.1 Child's friendships and networks

Anna talked about her child's friend group that survived the Covid-19 lockdown and her child changing schools. "She had a nice little queer group that she was really fond of. And she's still friends with them all. But they just meet up online." Whether supporting her to come out at school, exploring gender in this safe group, finding support when school proved to be unsafe or sustaining these friendships through online gaming, this queer friendship group maintained a significance in her child's life that Anna valued.

5.4.5.2 Queer and trans elders: finding possibilities

Many of these parents reflected on their own knowledge and past experiences of queer lives. Although only one parent identified themselves as anything but cisgender and heterosexual, a majority reflected on their past engagement with gay night life, memories of the 1980's AIDS crisis and the impact of Section 28 (Local Government Act 1988) on queer lives in the UK. Rosa identified exploring these experiences as a priority as

[29] Trans and Gender Non-Conforming

> “looking at trans elders, the people who've gone through all of that and established their lives against the odds, at risk of violence, exclusion, everything that goes with it. Quite often being hampered by laws and all sorts of things, it is worthwhile talking to the trans elders and ask them “what do you see?””

She explained that she found most of these knowledgeable voices online.

> “It has been a place where I’ve found lots of people who were supportive or were willing to share their life experience. Specifically, trans people. And trans people in their 20s and 30s I found particularly sort of helpful to [ask] “What does life look like at that point?””

Anna explained her desire to find these voices as signs that “this doesn't have to be awful. It's so hard to have that sense of joy about your child being who they want to be in this world at the moment.” Identifying older trans people as ways for parents to see the potential and possible futures for their children has long been a goal for parents. At the creation of Mermaids, Griffiths (2018) notes, ‘the involvement of the trans adults helped a lot of parents, who naturally wondered whether their trans child could have a happy and fulfilled life ahead’ (p90).

5.4.5.3 Queer and trans voices and role models

Finding queer cultural voices also played a part in parents and their children’s lives. Peter suggested his child had managed his dysphoria successfully partly because he had found recognisable experiences in queer literature. Other parents identified specific trans and queer voices they had encountered on social media and how they supported their understanding of trans experiences. Sarah talked about following Eva Echo on Instagram and her court case challenging the length of NHS adult gender clinic waiting times. Anna identified Shon Faye and her ideas about trans liberation and how this has the potential to liberate every marginalised person, not just trans people (p62). She also talked about a

non-binary writer who she heard speak about how heteronormative society asks queer culture to make itself respectable for heterosexual society and queer cultural resistance. These parents found queer experiences, motivated by a need to understand the world their child had entered and identify hope for their future lives.

5.4.5.4 Pride: feelings and occasions

The parent whose child attended GIDS brought the bag they used for their travels to London for their appointments as their object for the interview.

> "It's quite recognisable, it's quite bright and colourful. It's saying, "Hello, we're here everybody." It's not a quiet, just ordinary, black rucksack. That's part of who we are. We don't want to hide away. We are proud of my daughter and who she is and how far we've come."

They identified the bag with feeling proud and not wanting to hide who their daughter is, of visibility, on both the literal and metaphorical journey of her transition. Parents who attended Pride events often found they encouraged feelings of pride in their child. Anna described her partner as not having

> "involved himself in finding stuff out [...] [or] the parent's groups. I did persuade him to go on the London Trans Pride march and he absolutely loved it. [...] We had a little tiny trans flag. When we came home, he stuck it in the tree in our front garden. It's been there ever since. I was like, "You gonna leave that out there?" And he went "Yeah, why not? What's wrong with that?" [...] And it's been there ever since."

The consequence of attending Pride transferring to visible ongoing support for his trans child suggests the potential for events like this to build confidence in trans children's identity, through seeing and engaging with wider trans communities.

Sarah explained her engagement in diverse iterations of Pride as an event as a source of fun and positivity, symbolized by the colours of the trans Pride flag (pale pink, white and pale blue).

> “I've got the trans flag on my bag and I'm proud to show it. And if people say “what does that flag mean?” [...] I'll tell them what it means. [...] I feel enveloped in positivity and I feel hopeful when I look at those colours [...] it makes me feel like it's fun, like Prides, Trans Pride, Black Trans Pride.”

Participants identified Pride as an event offering space for visible allegiance and mutual support, symbolised by the trans pride flag as a shared emblem of community, for parents of trans youth as much as the children themselves.

5.5 Five: Happily Ever After?

The parents' perspectives were often oriented towards the future. They all considered the possibility of their child's changing perspective, their trajectory into adulthood and the possibilities of finding joy and positivity, as well as the impact on the course of their own lives as they age, including how or whether they might become grandparents.

5.5.1 Child: trajectory towards adulthood

All of the children of the parents who participated in the interviews were young people between 16 and 22 years of age at the time of the interview. They were growing independent from their parents, making decisions about their future life as they progressed into early adulthood.

Rosa identified the transformation in parent/child relationships as the child transitions towards adulthood can be accentuated by gender related changes in the child's identity.

> "Kids coming out as whatever, trans, gay, punk, happens in the teenage years, which is just when, as a parent, you have to come to terms with these kids are not mine. [...] So the transition that the child goes through to become more of themselves, or in this case, actually themselves, is taking place at the same time as where you need to learn to back off."

For these parents much of this transformational learning has already taken place – about trans identities, their child's gender perspective or both. Whether their goal was to access gender medical care, support for themselves or fighting battles to access these, these parents' concerns were often oriented towards their child's adult life. For Peter this was about increasingly "giving them their independence." Louise explained her hopes for the future in terms related to the norms for young people.

> “I remain optimistic for the future and for what is out there, specifically for my child. He’s getting on incredibly well at university. He’s got a lot of good friends. [...] He’s participating in things he hasn’t participated in before. I’m hoping that that success continues. [...] These positive times he’s building up means he has reserves [so] when he does hit those road blocks he’s able to overcome [them].

One parent’s hopes for the future focused on her child living authentically and safely.

> “I just want her to continue to be her true, authentic self, to be happy, to live without being persecuted. To live without feeling that she has to look over her shoulder or be paranoid. I want her to live a truly, genuinely happy, fulfilled and more than anything, safe life.”

She prioritised her child’s safety knowing that “black trans women [have] got much higher chance of being murdered than you have if you are a white trans woman,” centring her child’s intersectional identity as a key feature of concerns about her future wellbeing. Anna’s priorities for her child’s future also concerned risk and safety.

> “I try not to get het up about where she's going to end up and how other people are gonna judge her. [...] I think that's just the fear that you don't want your child to be discriminated against or to be exploited or to be abused. “

Fears about the future of the world for their children was a consistent theme for these parents who see and understand the direction of travel of public discourse relating to trans young people. However, many of the parents desired to balance these fears with the potential for optimism and greater societal acceptance of gender diversity.

5.5.1.1 Possibilities and finding joy

Ehrensaft (2016) offers a vision for rethinking risks when considering children and young people's gender identities. She suggests 'risk never means anything good' (p85) when it is used to highlight our fears of negative outcomes. She offers a challenge to frame this thinking as 'possibility' as 'a neutral word' and asks 'parents and professionals alike, to dispense with risks and associated dangers or fallout and instead to think about all the different possibilities that might come' (p84). This reframing is relevant to Anna's desire for a neutral perspective when she was seeking support. She found the relentless gloom of some trans support distressing. "I was just like, "Oh my God, what is this experience that my child is entering into?"" She described realising that "I'm not listening to the right people. [...] As a parent of a trans child I've just had a light bulb moment [...] I need to listen to queer and trans people first." Her priority became focused on finding trans joy, using this to guide the path the family trod to recognise their child's identity and access support as "the journey is too hard unless you have that fierce joy."

Locating the joy in trans experiences has been identified as a wider priority. Shuster and Westbrook (2024) suggest 'much of the sociological research on transgender people has documented the myriad ways in which trans people experience extreme inequalities across all domains of social life' (p1) and how this pervasive equation of 'oppression with misery in the study of social inequalities [can lead to] this way of thinking becom[ing] culturally entrenched' (p2). They sought to answer the question 'What new insights might be found if we shift our attention away from exclusively focusing on the negative outcomes of being transgender and asked, instead, about the joyful aspects?' (p2) They asked trans people where they found joy and noted their lived and inhabited identity became a source of, and location for, joy.

> "Yeah, I think for me the joy is being able to be me."
> "I love the fact that I'm trans." (Shuster and Westbrook, 2024, p797)

This idea that being trans in itself can be a source of joy, outside of experiences of marginalisation, was echoed by Rosa, who explained finding fun in the experience as

> “the only way you're gonna get anywhere. That is the only way that you can make living with the challenge like that possible. For kids to help them find the confidence and the fun and the light-heartedness because it's unbearable otherwise.”

Louise locates a similar feeling in her child’s present life, having been supported to access the social and medical transition he wanted.

> “You have to go back to the individual. If I have a look at my child, he's so happy. He is just so well and just it really doesn't matter what anyone else says or thinks. The fact that he feels so comfortable in his own skin. He's got his feet firmly on the ground and he's just having the time of his life. He's just like “this is great.” That in itself is just so affirming. Regardless of what tomorrow holds or next week holds or next year holds, that's irrelevant for now.”

Feeling hope for their child for the future was expressed by Anna in terms of their love for their child.

> “I'm personally hopeful. I am. I love my child. I think she's a great person. I think she's smart and clever and funny, and I love spending time with her. So I have hope because my hope is wrapped up in my love for her because I just think “oh she's great.” [...] I am hopeful in spite of it all, in spite of all the shit and all the ridiculousness.”

She identified hope in her child having control over their future. “[That's] why I'm so keen for her to do well at school so that she has options to find her place. Because I think if she has her niche then she’ll be fine.” These wishes for a positive future, in whatever form it

might take, echo Horton (2022b)'s interviewees who saw value in having loved and supported their children for who they were, no matter who they grew up to be (p194).

5.5.1.2 "What would I do if they changed their mind?"

Each of the parents, unprompted, rehearsed a conversation with their child where they changed their mind about their trans identity when they were older. These were imagined taking place at points in the future: five, ten or twenty years or when the child reached the age of 65.

They all explained how they might respond. Their approaches ranged from guilt (will listen if the child says they were wrong and admit they made the best choice they could in a bad situation), reflection on their child's current wellbeing (the child is thriving now), their hope that the child would accept their past certainty (respect his own historical conviction) or were not concerned (two parents said it doesn't matter and reflected that changing gender is not as a big a deal as some might like to present it).

The parent who rehearsed accepting blame said,

> "if you turn around to me and tell me I've made the wrong choice and I shouldn't have done it, I will listen to you. Because I'm not sure. You need to understand that I'm making my best choice in a bad situation as your parent. At some point in the future, if you tell me that, I'm gonna have to take it on the chin."

This parent showed limited confidence in their decision and wanted to ensure their child knew they were willing to be held responsible.

These insights were often based on a reading of the character of the child involved. The parent who focused on the child's current wellbeing explained

> “We muddle along. I still have a hunch that five years from now [they] might look back and think I've got it terribly wrong. I don't know. But [child is] thriving so, on balance, it’s not.”

Another parent described how they thought their child might look back on the decisions they had made.

> “Even if at any point in the future he thinks differently of his identity, then he will respect that in himself. He thought about it like this now and acted on it. I think he will, if it ever gets to that. But I don't think it will. But if it does, then he will respect his own historical conviction and he should have some peace with that.”

One parent rehearsed their conversation with their child in the future, if their feelings changed.

> “It's impossible to know the future, and you just have to be able to live with the decision, which is why I've always tried to play it forward with [child] and go, “look there might be a point where you're not happy with this”. I think what somebody said to me really usefully once was, “it might just be a phase, but what's wrong with that?””

These parents desire to anticipate an unknowable future to help them predict if their child’s choice will be beneficial or harmful to them. Ehrensaft (2016) identified her reaction to being asked the “what if the child changes their mind in the future?” question by a BBC journalist.

> I’d had this question asked of me so many times before, and my standard response typically started with, “Well the chances are slim and the risks are small…” But this time an inner voice shot up to the surface, shouting “Wait a minute!” and like a

> spontaneous combustion, catapulted me into something quite different: “Well, if this happened, I would like to consider it not as a risk but a possibility. So let’s consider this possibility…” (p83).

Reframing a changing gender identity as a matter of possibility rather than risk, allows for the chance that future change could contribute to the child’s overall self-knowledge rather than simply regretted.

5.5.2 Parents: ageing and grandchildren

Some parents reflected on their feelings regarding the possibility of their child becoming a parent and the impact medical transition might have on the possibilities of them becoming grandparents. Anna said,

> “She's made very clear that she doesn't want to have children. […] I do feel a bit sad because I love kids. [..] It's very dangerous to expect your children to have children for you. I know that I just have to be a bit strict with myself. I do feel a bit sad about that […] [and] worry a bit that at some point she'll change her mind.”

Some parents had realised that their family would be unlikely to fit cishet adult life course norms (Halberstam, 2005). Peter talked about assuming before his child’s transition that “we'll probably get grandkids at some point. And I think at this point it's very hard to predict that.” He mentioned “friends with children, same age range, and they're all getting married around now and buying houses. […] That sort of predictability is completely out of the picture for us now.” The possibilities of different ways into family life for their trans children were present in some parents’ thinking, suggesting new ways of formulating family, generational development and parenthood that might stem from challenging the cisnormativity of family structures. Considering the challenges raising a trans child had already presented to their expectations of parenthood, it was consistent that some parents

were looking ahead to what further impact these decisions might have on their child's adult life and future generations.

Ageing was not solely considered in terms of reproduction and future grand/parenthood. Rosa's object was a photograph of herself as a child and she appealed to her past self as a more authentic identity, rich with possibilities before socialisation limited her, that she hoped to reclaim post-parental responsibility. She explained "she's got things to do in this life while whilst I've still got time" and expressed concern that she might be judged as selfish for being concerned about her own desires for life beyond the powerful normative role of mother.

The parents interviewed explored the path their child's gender identity had taken them on and told rich stories of their hopes, fears, battles and victories. They offered everyday accounts of how their lives were impacted by their desire to express their love for their child by educating themselves, then others, and advocating for their child in multiple contexts to access the support and validation that they recognised their child needed from them. In the current context of trans young people's lives in England, the evidence these parents' offer of their diligence and pragmatism offers accounts of their understanding of their motivations, strengths and needs and focus on their child's wellbeing and joy.

Chapter Six

Discussion and conclusion

6.0 Introduction

In this chapter I will discuss the findings presented in Chapter Five across the parents' meta-narrative journey, the contribution made to the knowledge available regarding these parents and how aiming to make space for these parents to set the agenda for their explanation of their experiences was supported by an openness to creative methods of data collection, analysis and presentation. I will explore the benefits and limitations of this research design for researching queer families and the learning for anti-oppressive social work practice.

I will consider these in relation to the six research questions I developed; five during my review of the literature, data collection and analysis and the sixth from planning creative research approaches:

1. How do parents of trans young people describe the process of deciding to support their child's gender identity?
2. What part do the parent's gender and their experiences with difference play in their relationship with their child's gender identity?
3. What stories do parents tell about their priorities, influences and concerns in decision-making regarding their trans child?
4. What did the parents of trans young people value or struggle with about the formal and informal support they found?
5. How do parents of trans young people envisage the future in relation to themselves and their child?
6. How might creative research methods enable the parents of trans young people to explore and explain their experiences?

It was evident from the interviews I conducted that parents experience a reflection of the hopes, fears and anxieties their trans children do, with additional layers in relation to their own life history, and their expectations and responsibilities as parents. They talked about treasured memories of their communication with their child (We All Love Birds, Figure 1), prioritising their affection for their child (Choosing Love poem, Figure 7), the impact of luck (Luck and Good Fortune poem, Figure 3) and the privileges and hazards of time (Years and Years poem, Figure 6), their desires for certainty (Are You Sure? poem, Figure 8) and to do the right thing (Do the Right Thing poem, Figure 4) as well as their fears (Fear poem, Figure 5). In the sections below, I will explore key aspects of the findings from this research in relation to the research questions, including what stories material objects enabled the parents to tell about their relationship with their child, the nature of their support and their aspirations. I will explore the symbolism of visibility and invisibility in relation to the parent's narratives and trans children as well as their struggles seeking support and confidence in decision-making. I also explore the parent's future-orientation in their thinking about their experience with their child, their pragmatism in their approaches and their exploration of privilege in relation to their experience.

6.1 What did the research involve?

I recruited five parents from support groups for parents of trans children and young people. They each took part in an online narrative interview which started with them talking about an object they brought that was meaningful to them in relation to their experience with their trans child. The transcripts were initially analysed using thematic analysis (Braun and Clarke, 2022) and then via the development of a meta-narrative of the parents' accounts. Alongside these two methods of creating poetry from the themes in the interviews, cutup (Burroughs, 1963) and blending individual parent accounts in relation to each theme, were developed to write seven poems (Appendix E).

6.2 Discussion of findings

I will discuss key topics arising from the findings in relation to parents of trans youth and the insights gained from the research methods used. I will explore the metaphors parents used to understand the complex contemporary position of trans youth and their parents':

- *Object lessons in creativity*: how objects enabled access to participants' everyday experiences and how these made creative enquiry, using narrative and poetry, available for analysis and presentation.
- '*The Tavi bag*': identifies parents of these young people as both visible and hidden, over-exposed and voiceless.
- *Lost in the Woods*: explores the resources and past experiences of difference parents drew on to try to understand and act on their child's desire for recognition.
- '*Wish I had a crystal ball*': considers how these parents talked about unknowingness and their child's future, in the context of queer and normative formulations of time and futurity.
- *Stuck in the waiting room*: considers time as queered with urgency and waiting as imperatives, interventions, obstacles and repeated motifs in trans experiences.
- '*It's not an easy journey*' I consider the basis for parental decision-making and alongside the impact of financial and temporal privileges on the resources available to trans youth.

Each of these will be explored in relation to the relevant research questions.

6.2.1 Object lessons in creativity

This section considers findings relating to the parents' stories of their decision to support their child's gender identity and their priorities when making decisions about their child (Research Questions [RQs] 1 and 3). It also considers how using creative research methods supported their storytelling (RQ 6).

The parents I interviewed engaged in the process of research out of interest in having their voices heard and their narratives accounted for in the broader field of knowledge in this area. Some had engaged with research previously and all were acutely aware of the public discourse about trans lives and perceptions of them as parents, whether in the media or those they encountered in their family and wider social networks. Despite research fatigue and relentless media intrusion in trans lives potentially affecting the size of the sample for this study, stories rich with emotionality, metaphor and caring thoughtfulness were shared by the participants, prompted by material methods and offering eloquent data for the creation of transcript poetry. It is important to note that the children of these parents were further along in their journey than those often encountered in research of this kind. They had already come to decisions regarding their child's gender healthcare, allowing for insights based on at least a couple of years engagement with their child's gender identity and the impacts of social and medical transition.

The objects that the parents brought to the interviews were artifacts of their journey with their child, offering the chance to engage with this experience on an everyday level. The objects were:

- The bag a parent used to carry what they needed to survive the NHS gender clinic process, colourful and refusing to be invisible (see p146 and p162)
- The new passport a parent fought bureaucracy for, on behalf of their child (see p140)
- The wooden bird toy, emblematic of the parent's shared interests with, and affection for, their child (see p102)
- The 50p coin, gently nudging the family towards changing habits (see p103)
- The old photograph, returning to their childhood self who waits for their parental responsibilities to diminish (see p171)

Each object represented aspects of the materiality and temporality of their journey with their child, their family and themselves. They reflected multiple levels on which this experience had affected their relationship with their child – the child they knew, the child

they changed themselves to accept, the child they tried to change the world for and their hopes for a positive future. They offered possibilities of meaning, both to the parent who gave them significance and to me encountering them as a researcher. They motivated my development of more creative ways to interpret and present the data because of the immediacy of their appeal to multiple symbolic, metaphorical and literal meanings.

The seven poems I created from the interview transcripts (Appendix E) speak of how these parents engaged with their child's gender and tried to affect the world on their behalf on multiple levels – emotional, practical and relational. They speak of expressions of love by parents for their children, both explicit and demonstrated through action. They speak of fear and uncertainty, of hopes for the future and perspectives challenged. They speak of learning from others and struggles through systems, encounters with luck and misfortune. I wrote an eighth poem while writing this conclusion, reflecting on my own experience of parenting my trans child, our relationship and my hope for them ('Swimming', Figure 9). The poems are presented throughout this thesis in juxtaposition with the more traditional academic narrative and as a collection ("Fierce Joy" - Appendix E), making space to illuminate understanding of these parents' experiences on their own, but also in conjunction with the more explicit analysis.

These poems offer alternative perspectives to the existing academic literature in relation to parents of trans young people. In counterpoint and compliment to the narrative analysis I present in the findings, the poems offer a less filtered and interpreted perspective on these experiences. Although I constructed these poems, the words are the parents'. Their concerns informed the themes and narratives I identified and, by presenting both academic and poetic forms of these parents' accounts offer a crystallization of their stories. Thomas (2021) summarises this approach (from Ellington, 2009) as 'viewing an object through a crystal revealing different qualities of light, angles and diffractive patterns' (p632), suggesting insights that are felt, meaningful and subjective to the reader. My creation of these poems may be influenced by the compulsion Corley (2020) identifies to

‘grapple with the social-political-cultural contexts in which the emotions and behaviour expressed by participants are situated’ (p1035), prompted by my insider experiences.

Using creative methods offered an opportunity to reveal the richness of the experiences of the participants on an everyday level, explore the nuance of their voices, worries and concerns and present a fuller picture of the lives of parents supporting trans young people. Dyer et al. (2022) support the potential for creative methods, informed by feminist and queer methodologies, to enrich the ways we can know and understand hidden experiences. My research, from the use of object elicitation, found that once creativity and metaphor were available to participants, they had licence to access the emotionality of their experience alongside their more practical and pragmatic concerns.

6.2.2 “The Tavi bag”

This section considers the findings relating to participants’ involvement with formal support, specifically gender healthcare (RQ4) and how the use of object elicitation and narrative interview methods enabled the exploration of subjective social, emotional and relational concerns (RQ6).

The parent who spoke about their experiences of travelling to GIDS, bringing with them their object – the colourful “Tavi bag” - and refusing to hide their pride in their child, reflected the complex nature of trans visibility in public and academic life. It can be surprising to see recent writing about queer and trans children and young people talking about ‘the ghostliness of trans children [...] hiding in plain sight [...] yet always slightly out of reach’ (Gill-Peterson, 2018, p11) when in the present moment these children are ‘hyper-visible and hyper-vulnerable’ (Pearce et al. 2019, p2). Gill-Peterson's (2018) thesis of the invisibility of trans children’s lives in the past is complicated by a public discussion that recognises trans children and young people’s existence but sidelines their voices, so these children and young people remain largely invisible. Gill-Peterson (2018) argues the history of these children is a history of medicine and psychology, a history of pathologisation, with

trans children ‘playing a decisive role in the medicalization of sex and gender’ (p3), with little perspective on their consent to this. The possibility that trans children might have lives outside of the hospital, outside of medical curiosity, an established place in the social world, and lives and bodies that they – rather than doctors and psychologists - have control over, remains a dream more than a reality, especially in the current context of public curiosity, problematic visibility and moral panic. The nuances of parents’ role in both supporting their child’s visibility and engagement with the world and hiding and guarding their child’s privacy and safety are informed by the potential risks of harm in both of these contexts, as elucidated when participants spoke about their fears and uncertainties (Fear poem, Figure 5).

The absence of trans youth or those knowledgeable about their lives is reflected in the clinical research Horton (2024b) reviewed. They identify the absence of trans children’s voices, leading to limited nuance in understandings of the ease (p9), nature (p9) and impacts (p11-12) of trans children’s social transition. They identify studies that only consider clinical reporting on, for example, mental health risk, missing the positive impacts of social transition, such as gender euphoria (p12) and the sometimes subtle nature of minority stress (p12). The risk of focusing on clinically measured outcomes is that the nuance of social experience – both positive and negative – can be lost where the voices of trans experiences do not guide the research design. The use of a shared interest, like birds, identified by one participant as a means of connection, communication, relationship building and distraction (We All Love Birds poem, Figure 1), would not feature in clinical surveys measuring depression diagnosis and suicide outcomes. And yet that relationship is a protective factor for this child’s wellbeing. The richness of the parental encounters represented in this thesis, from data gathered using creative methods that centre these parent’s voices, offers some confirmation that evidential richness – and therefore the visibility of experience - can be available and valuable where it is methodologically prioritised.

6.2.3 Lost in the woods

This section considers findings relating to parents stories of coming to understand the non-normative gender identity their child brought home (RQ1) and parents' quest for parallels in their own experiences of difference to explain, understand and engage with their child's gender (RQ2).

Researching the contemporary lives of the parents of trans young people has led me to some understanding of the liminal, non-normative spaces that Manning et al. (2015) identified supportive parents can occupy. I recognise their picture of parents existing on the edge of their child's experience, at the junction of their child's emergence into their adult selves, trying to make sense of their child's identity and the non-normative pathways this had led them to, guided in their decision-making by those that have trodden these paths before. They negotiate with formal and informal contexts that variously embrace, misunderstand or reject the child's trans identity they are working themselves to understand in familiar and unfamiliar places. Manning et al. (2015)'s case studies offer stories of four academic parent activists who navigate 'complex configurations of privilege and vulnerability' (p118). One identifies efforts to 'theoriz[e] and document the way trans* people *are made invisible*–through discourse and institutionalized practices–*and excluded* from health care, social services, and anti-violence organizing' [author's emphasis] (Manning et al. 2015, p123). Supporting a child to address discrimination in this context, to a parent like myself who is already engaged with wider social justice activism as a social worker and elsewhere, has made it easier for me to notice how this experience places these parents directly relative to their child's experiences as well as engaging their existing motivations for activism, such as their own difference.

These self-identified supportive parents strove to educate themselves about the trans identity their child had brought to them. Some were willing to step beyond what was familiar to find new perspectives and voices. Their path led to new hazards such as trolls, whether on social media or as gatekeepers to labyrinthine bureaucracy. The experience brought them new roles, as educators, advocates and activists, for their child, other trans

people and other parents, or they built on past experiences in these roles. The parents had reflected on their own experiences and understanding of encountering or being different to give them the confidence to recognise non-normative identities like their child's gender identity. They engaged with their past encounters with difference including neurodiversity, ethnicity, religion, culture, sexuality and subcultural identity, like punk and goth, and their own experiences of wanting recognition and support, while risking the backlash of social convention.

6.2.4 "Wish I had a crystal ball"

This section considers the findings relating to how parents considered their trans child's future and negotiation with their own expectation and assumptions (RQ5).

Parents of trans youth are frequently characterised as mourning the loss of their child's past gender identity. Pullen Sansfaçon et al. (2022) summarise from their study that 'parents for their part were just embarking on a journey of adaptation and sometimes, of grieving' when their children were 'beginning to enjoy life at this point' after coming out (p1778). The parents I interviewed did not describe their feelings in terms of grief and loss. This may reflect the time that had elapsed since their child came out, the initial shock of their child's changing identity having faded and the impacts of affirmation through social and medical transition to become visible.

My participants described their children as increasingly happy and confident and aspired towards their child's ordinariness, to a safe, boring, happy and fulfilled future. The parents' desire could be read as an aspiration to invisibility, to disappearing into the everyday world so as to be safe and not a target for abuse and vilification. This could also be read as desiring a normative future where departure from social conventions in relation to adulthood and life course are curtailed and life made easier again. Peter wondered why his trans child might not aim for where life might easier (p105) suggesting a benign intention. Neary (2019) suggests this kid of desire to retreat from being 'transformative and disruptive

[…] [in] the new activism of middle-class parents' (Neary, 2019, p2) might be motivated by goals 'to normalize the child and keep radicalization at bay' (Halberstam, 2018, p. 53).

This retreat from non-normativity could also apply to fertility and reproduction. Some parents explored their feelings around becoming grandparents (and not) and reflected on the possibility their child's medical transition might diminish their fertility. Edelman (2004) describes 'reproductive futurism' (p17) as the idea that life's purpose is to reproduce to secure the world for future generations. Despite many queer people aspiring to reproduction, non-normative sexuality and gender is associated with resistance to this futurism. This is often framed as selfishness and narcissism (Edelman, 2004, p26) and denying parents' desire for grandchildren and familial continuation. Anna's explicit negotiation with her own desire for grandchildren and not wishing to burden her child with these feelings evidenced a level of self-awareness and desire not to push her child to live out her own wishes. Peter acknowledged the impact of queer time that might not cease the likelihood of these trans young people wanting families but might change the nature and timing of these experiences which challenges the expectations of family and friends, framed through comparison with their child's peers. Rosa explained her desire for a quiet life with her partner without children with apologies for appearing selfish. Although she did not say she didn't want grandchildren, she suggested that her ambition for a life beyond children would be one she would be judged for, similarly to how trans young people might be for choosing paths that might impact their future fertility.

6.2.5 Stuck in the waiting room

This section considers findings relating to time as an imperative in trans lives and waiting as oppression and a treatment in itself (RQs 3 and 5), in the context of the notion of 'queer time' (Halberstam, 2005).

References to time, in terms of delays and waiting occur repeatedly across all participants' stories, as they do in wider narratives about trans lives. Callahan et al. (2024) discuss the

urgency of transition and the agony of waiting in later life, 'of not having much time left', locating this discourse of lives on hold starting in childhood, through puberty into adulthood and onwards, with self-actualisation ever out of reach, as a result of the 'systemic failure of trans healthcare services' (p43). Gill-Peterson (2018) contends that 'trans children are not new, and their lives cannot be deferred to a future by design not meant to arrive' (p196). This is a fascinating predictor of the Cass Report (2024) that has recommended effectively postponing all medical intervention for trans young people until an unspecified point in the future where the evidence base for treatments such as puberty blockers and gender-affirming hormones meet their standards. Effectively today's trans youth are being asked to wait for a future that those who come after will benefit from, once their existence has been fully mapped and authorised by the medical establishment, or risk accessing medical transition on the limits of legality. The majority waiting for assessment and intervention in the UK now are likely to be adults before there is any chance the evidential standard will be met (Horton and Pearce, 2024). Effectively this means 'watchful waiting'[30] and 'exploratory'[31] approaches are now the only models available for trans young people's healthcare in the UK, a position which is difficult not to see as state-mandated conversion therapy.

This suggests time for trans young people is being externally queered through the resistance of social, particularly medical, norms to the possibility of their existence and potential for self-actualisation. Parental goals to realise a positive and embodied future for their child, in alignment with their peers' timelines, are being increasingly disrupted by state intervention that delay and postpone trans possibilities. The trajectories of hope for their child's future storied by the parents in this study relied on a basis of gender

[30] Watchful waiting is an approach to treating gender dysphoria which had been the main approach taken by GIDS with pre-pubescent children. The idea is that these children receive psychological support and are observed regarding their expression of their gender identity but no intervention, such as social transition, is made until puberty when greater intervention, such as the use of puberty blockers might be indicated.
[31] Linked to watchful waiting, exploratory therapy, as defined by ex-GIDS practitioners (Spiliadis, 2019), espouses lengthy therapeutic exploration of the child's gender identity before or potentially instead of active change, such as social and/or medical transition. This approach has been criticised as being akin to conversion therapy (Moore, 2023).

affirmation and considered, but autonomous, decision-making. Their ability to continue to support this is affected by the 'vulnerability, whether political, social or material [that] is a product not of their being children but rather of the historical infantilization that [trans children] have been made to bear' (Gill-Peterson, 2018, p196-7). The parents I interviewed represent a snapshot of a time just as the medical treatment of trans young people in England ceased and the future they and their parents were just tentatively beginning to embrace was barred behind them by UK governments at both ends of the political spectrum, like a gate they had just passed through.

6.2.6 "It's not an easy journey"

This section considers findings relating to parents' priorities for decision-making with their child (RQ3) and their experiences of the formal medical support available (RQ4).

The parents I interviewed talked about the carefully pragmatic approach they took to decision-making with their child and how they sought to act, especially regarding medical transition, from knowledge and certainty. Their quest for knowledge and guidance found their usual sources of formal and reliable knowledge lacked informed perspectives that allowed them to make sense of their child's experience. Their wider search for understanding was informed by a desire for certainty amongst contradictory standpoints. This experience challenged parents' certainty about the gendered world, prompted reflection on their experiences of difference as well as critiquing received wisdom and hierarchical structures, in their encounters with state bureaucracy, education and healthcare. These parents valued the informal support of other parents and the perspectives of queer peers and elders. They recognised that in order to identify a path for their child to a fulfilled future, perspectives that offered role models of potential futures and sources of joy were necessary for their child's resilience, wellbeing and survival.

The children of the parents interviewed for this study all experienced their parents as supportive, to the extent of enabling their access to gender-affirming care privately, having

encountered obstacles to NHS care, whether resulting from Bell v Tavistock (2020) or the GIDS waiting list. All the parents reflected on the positive impact medical transition had on their child's wellbeing. These trans young people have been supported by their parents to make their family life, school and other social contexts affirming of their identity and supported them to address discrimination, either informally or reporting hate crime. The financial, social, situational and temporal privilege they experienced was varied but overall, each of the parents were able to identify positive beneficial effects that social and medical transition had on their child's wellbeing. The active engagement of their parents as educators and advocates for their child could have aided the general trend towards wellbeing that each of these parents identified in their children.

It is impossible to gauge what impact the GnRH blocker ban (2024) has had on these parents since I interviewed them. Some of the participants were accessing puberty blockers privately because NHS routes were unavailable either due to the fall-out from Bell v Tavistock (2020) or because of the length of the GIDS waiting list (Figure 2). Even though neither the final Cass Report (2024) or private puberty blocker ban were in place at the time of my interviews, these parents were very aware that the Cass Review was conducting their work, of NHS consultation documents being critical of private prescribing of puberty blockers and gender-affirming hormones to under 18s and were preparing themselves justify their decision-making on the grounds of the positive impact this had on their child. There is a possibility that the positive trajectory that the parents presented of their children in this study and their support for this treatment has been disrupted as a result of the blocker ban. There is an urgent need for further research on the social and emotional impact of the blocker ban and the Cass Report on trans young people and their families.

6.3 Contribution to knowledge

This research fills a gap in knowledge that at the time of planning this research four years ago did not exist. The subjective experiences of parents of trans youth who had chosen to

seek private treatment in the wake of the Bell v Tavistock (2020) judgement, just before the Cass Report (2024) was published and private access to puberty blockers was made illegal, while transphobic narratives became a feature of public life, were not part of the original plan for this study. The approach I took, to centre voices from lived experience, to use creative methods to give space to parents to talk emotionally and frankly about their lives with their trans child, their hopes, fears and frustrations, offered a distinctive counterpoint to the public narrative. The methods I chose gave space for whatever concerned the parents most in that moment, whether the latest pronouncement from JK Rowling or the murder of a trans teenager. Effectively this research is the antithesis of the Cass Review - interested in subjective stories, small in scale and sensitive to nuance and metaphor. Parents had space to talk about the everyday things - shared jokes, family cultures and communication, roles parents played, mistakes they made, their joys and optimism, their fears and worries. At this point in the history of trans young people and the families that strive to support them, this research represents a much-needed counterweight.

6.4 Implications for social work: practice and research

This research offers insights for social work practice and research with parents of trans youth. These include conceptualisations of wellbeing and risk in relation to trans young people and their parents and wider lessons for applying anti-oppressive values to work with the families of trans youth. Insights from queering research methods are also considered in relation to centring voices from lived experience in the social work knowledge base. More detailed exploration of the learning from this study for social work practice are being developed for a future paper.

6.4.1.1 Practice: social work with parents of trans young people

The parents who participated in this research talked about being challenged to engage with their child's gender identity and diligently considered and weighed their child's ability to make autonomous decisions. They each came to conclusions that respected their child's bodily autonomy and right to make choices about the medical care they received, even where these did not match the parents' expectations or norms. These parents prioritised their child's wellbeing and safety and carefully considered the potential impacts of mistakes in decision-making. One talked honestly about their misgivings about the approach to private medical care they felt forced to take for their child (p131).

The weighing of options and consideration of their child's wellbeing evidenced care and concern about their child's wellbeing. In a public context where the social and medical transition of children and young people is often characterised as reckless and harmful, the evidence that gender-affirming care (GAC) and parental support can be preventative of harm in relation to mental health, self-harm and suicide as well as promoting feelings of congruence, self-worth and joy, needs consideration. Georges et al. (2024) suggest denying trans youth access to GAC can increase the likelihood of 'negative mental health outcomes, including anxiety, depression, and suicidality' (p2) contending that denying access to GAC amounts to medical neglect and emotional abuse. Considering this alongside evidence regarding social transition that suggests trans adults who were denied affirmation of their identity in childhood have higher likelihoods of lifetime suicide attempts where these adults experienced so called 'conversion practices' (Horton 2023d, p5-6, quoting Turban et al. 2020) suggests social workers need to consider absence of support for social and medical transition as potentially harmful to trans young people.

These participants described carefully weighing the potential risks of supporting their child to access private gender healthcare against their knowledge of their child's wellbeing. They described their consciousness of their misgivings and the potential for their child to change their mind in time about their decisions regarding transition. They valued their child's certainty about their identity and explained why they considered their child's

resulting mood and behaviour had been positively impacted by their support for their child's transition. These parents recognised the confidence and understanding of the reality and risks for trans people they drew from formal and informal knowledge sources they had encountered.

Social workers make judgements regarding the necessity for interventions to reduce harm on the evidence of risk, especially in safeguarding work. Judgements that involve trans young people and their parents need to be based in the realities of trans young people's experiences and any safeguards established by parents. Findings from the literature review (Chapter Three) suggest that, not only is the involvement of social work used as a threat to affirmative parents, but internationally results in actions that separate affirmative parents from their children. The Re. J. (a minor) (2016) judgement in the UK echoes multiple accounts Kuvulanka et al. (2019) reports from affirmative mothers in US family courts fighting to keep custody of their trans children in the face of unsupportive fathers, encountering ignorance in the process:

> 'If professionals don't know, then they may think that supporting a child in their trans identity, which professionals say is what is best for trans youth, is not the best route. They may err on the side of "caution," but that decision can actually be detrimental to the child' (p65).

They echo the formulation used by the Cass Report (2024), as identified by Horton (2024a), where affirmation is characterised as 'ideological' and non-affirmation is considered 'neutral' (p5). Kuvulanka et al. (2019) identify 'affirming parents may unjustly lose custody or have their parenting time reduced, while non-affirming parents may be rewarded for their adherence to and promotion of cisnormative ideals' (p66). Social workers need to be conscious of these cisnormative biases playing out in courts and healthcare to ensure they do not replicate them in decision-making. My research findings suggest social workers need to consider the risks to trans young people's wellbeing that stem from being informed

by the prejudice of those who choose not to recognise and validate the existence of trans young people and problematise the parents who decide to support them. This includes those social workers employed within the new NHS children and young people's gender service who may be encouraged to consider affirmative parents through a lens informed by biased evidence, such as the insights available in the Cass Report (2024) that are not informed by trans voices.

Social workers have a significant role in recognising supportive parents, such as the participants in this study, as allies for minimising the risk of harm to trans young people. There is also a need to recognise the crucial roles played by other parents and the trans community, to support harm minimisation approaches and trans community and child-voice driven anti-oppressive social work practice. This needs to inform both child and adult safeguarding practice in relation to discriminatory abuse since these trans young people's lives span the divide between children and adults social work practice.

Social workers would also benefit from recognising the part 'queer time' plays in the kinds of alternative trajectories that trans young people experience. Losing step with the timeline of these young peoples' peers risks social isolation, dropping out of education and employment and being at greater risk of mental ill-health which are identified to affect trans young people's wellbeing (see pgs. 28-29) and may require tailored interventions from social workers. Enabling parents and the trans young people they support to access communities of peers that understand the impact of queer and alternative life trajectories could help address social isolation, loneliness and deprivation. The diligence of these parents, their efforts to understand their child's perspective, the nature of trans identities, their search for certainty and their development as educators and advocates for their child and others offer evidence of their desire to be "supportive, but careful," as Louise described. It is evident from these parents that not all parents take this approach but where these indicators may be found, parents' perspectives can be valuable to professionals and clinicians. These insights are of benefit, not just to social workers, but

also others working to assist these families, within mental health services such as CAMHS nurses and psychologists, educational psychologists and counsellors.

6.4.1.2 Practice: prioritising addressing oppression

The anti-oppressive project of social work to identify the oppressive use of power and challenge its manifestations in everyday practice with marginalised people, families and communities informed my interest in centring the voices of lived experience from supportive parents of trans young people. My recruitment strategy focussed on recruiting parents via parent-led groups (Appendix A and C) and my selection criteria aimed to explicitly ask for less represented perspectives, in relation to race, gender and sexuality (Appendix A). I designed this research to avoid methods commonly used in clinical practice, such as timelines and chronologies, instead seeking methods that prioritised the participants' voice to both disrupt researcher power and avoid methods that could encourage participants to respond as they would in professional/patient or social worker/service user power dynamics (Chapter Four).

Cocker and Hafford-Letchfield (2014) suggest re-examining anti-oppressive practice (AOP) in social work relating to power relations would be fruitful for challenging authority at a micro/personal level, to upset the unhelpfully 'universalist approach' (p23) that AOP often takes. This generic approach undermines possibilities to recognise oppression operating differently in personal and everyday contexts, such as in trans young people's lives. Social workers need to be aware that intersections of oppression can increase or alter the appearance of the oppressive exercise of power, such as concern about medical intervention for trans young people disguising denial of the existence of trans identities and suppression of bodily autonomy (Ashley, 2020). It is unrealistic to require social workers to be able to recognise and have strategies to intervene in the minutiae of oppression in all circumstances. However, greater awareness of the nature and impact of conversion

practices relating to gender identity would be valuable for more effective intervention to reduce harm to trans people, including trans youth.

It would be valuable to engage social workers in focussed programmes to address minority stress and trauma as experienced by trans young people and their families. Tyler et al. (2023) reframed insights from the existing qualitative evidence base as recommendations for mental health social workers working with parents of trans young people. They identified parents needed support and education to enable their affirmation of their child's identity, including space for parents to explore their own feelings without feeling selfish, as Sarah highlighted (p146). Tyler et al.'s (2023) review highlighted engagement with the trans community as a priority for hearing experiences and offering insights for possible futures for their child (p17), framed the legal and political barriers restricting access to healthcare as a priority for social workers, as advocates or as support to parent-advocates (p18). Emphasis on intersectionality (Crenshaw, 1993) in understanding and responding to trans lives, stories and families could also aid social work responses.

Parents in this study recognised their own and their child's experiences of multiple intersections of oppression in addition to gender diversity, such as neurodiversity, ethnicity, family religious affiliations, relative income inequality and educational attainment that contributed to their marginalisation as well as offering positive insight into their child's experiences of difference. Beyond recognising supportive parents' role in managing risk of harm to trans young people, parents' engagement in advocacy could be recognised and enabled by social workers within an anti-oppressive practice framework. These parents' actions challenge social workers themselves to offer advocacy for marginalised trans young people and their families across social, health and educational contexts. Exploring the potential for the creative methods used in this research, such as object elicitation and creative writing, such as poetry, to engage with the everyday lives of parents of trans young people have possibilities for social work education and practice as much as social work research.

Improving the knowledge base of social workers regarding everyday experiences of life in trans families, the nature and location of risk to trans young people and more informed and intersectional perspectives on anti-oppressive practice all require a robust evidence base. This necessitates a commitment to embedding trans experiences and rights in social work education (qualifying and post-qualifying), social work leadership within statutory and voluntary sector organisations and the bodies that lead and regulate the profession. As noted in Chapter Two, the current context for the prioritisation of trans experiences in social work in England is one of either marginalisation or increasing hostility meaning the goal of embedding these insights is some distance away.

6.4.2 Research: queering methods for social work

Developing social work research evidence that recognises trans lives appears, from this study, to be supported by queer and arts-based methods. Creative methods like object elicitation, narrative interviewing and transcript poetry, allowed the agenda of these research interviews to be determined by the participants. The data was available to analysis via the arc of their narrative and the nuance of their expression of their views, such as the exploration of metaphor in transcript poetry. As well as offering means of displacing researcher power, queer and arts-based methods make space for the expression of complex and nuanced non-normative experiences. Asakura et al. (2020) suggest that the representation of the lives of trans youth beyond narratives of risk and resilience were promoted by the use of creative methods within the participant action research (PAR) model they used. Asakura et al. (2020) identified offering non-normative methods of expression allowed space for 'self-reflection and self-expression' (p1069) but also means to 'expand the borders of representation' (p1072) which can be as important for parents of trans young people as it is for trans young people themselves.

Corley (2020) also used narrative approaches as a means to 'privilege the storyteller' (p1024) and centre voices that otherwise they might conflate with their own, considering

their proximity to the experience they aimed to 'acknowledge, amplify and honor' (p1024). Their study with African American mothers of high schools students utilised creativity as a means of investigating the 'subjugated knowledge of Black women' (p1027) which resonated with my endeavour to recognise a minoritised community's experience in creative form where traditional academic forms have tended to sideline non-normative voices. Utilising creative methods acknowledged that 'minoritized groups have had to develop a distinct standpoint by using alternative ways of producing and validating knowledge' (Corley, 2020, p1028). Poetry is not usually considered within the social work evidence base which may reflect a desire for scientifically validated and professionalised sources of knowledge. However, in the context of high-profile research, such as the systematic reviews with the final Cass Report (Cass Review, 2024) that deliberately excluded trans expertise, research that centres the control of those with lived experience is increasingly vital to enrich the counter-narratives available to social workers. Corley (2020) suggested the 'poetic process forces the social work researcher to engage fully in the experiences of participants' (p1035) which aligns with my experiences using creative methods for data collection, analysis and presentation. Each time I tried a new creative method, new possibilities appeared available. For example, object elicitation opened access to participants' feelings, via metaphorical expressions of their experiences and perceptions. I had not originally intended to use transcript poetry to analyse or present the data. However, ongoing concerns about the visibility of individual experiences in the data and the risk of losing the richness of the parents stories led to consideration of creative means to structure the analysis and present these stories. I was interested in forms where their individual stories could be represented while sitting within an overall narrative arc or thematic expression. Considering the meta-narrative arc of all the stories offered a means of mapping the similar paths the parents trod to find support for their trans child and placing poetry alongside this offered a way to engage directly with their words to access the nuance and complexity of their experiences beyond an academic narrative account.

6.5 Limitations and recommendations from this research

The limitations of this research include the scope to consider the parents' experiences over time and the size and diversity of the sample. The recommendations from this study include embedding trans voices in social work practice, especially education and guidance relating to safeguarding work across children's and adult's practice. Creative and co-produced research methods are worth exploring to develop this knowledge base, to compliment further research on social work regarding safeguarding trans rights.

6.5.1.1 Limitations: scope

The public context for trans young people and their families made recruitment challenging. Between larger organisations, such as Mermaids and Gendered Intelligence, removing their support for individual researchers, the understandable suspicion of individual parents and wider research fatigue in the trans community I concluded that ceasing recruitment at five participants was necessary, although inevitably limited the scope and diversity of voices that I was able to include.

I had originally intended to take a longitudinal approach to interviewing parents of trans young people as I was interested in how their perspectives might change over time in the context of their child's and their own lives. For practical reasons, including my limited study time as a Professional Doctorate student and other life events, I abandoned the possibility of returning to the participants. Here, I support the Cass Report's (2024) desire for longer term data on the nature of trans young peoples' and their families' lives. However, this needs to be conducted in a manner that is trusted by those involved to represent their perspectives accurately and is not hazardous to these families.

Considering the significant events that have occurred since the interviews (e.g. publication of the final Cass Report (2024) and legislation banning private blocker prescriptions to trans under 18s), it seems that there could be considerable value in returning to explore what has changed for these families. However, it is possible that this attention would put

these families at increased risk of legal sanction. Although hearing about the parents' experiences since these interviews could offer valuable insight into how they are coping with such explicit targeting of their decisions, there are also excellent reasons why this might not be desirable to these families.

6.5.1.2 Limitations: size and diversity of sample

Despite efforts to engage with those less heard in the qualitative research with parents of trans young people (e.g. cis fathers, LGBTQ+ and Black, Asian and minority ethnic parents as well as non-biological parents) my sample broadly matched the usual profile of participants. For example, four out of five of the participants were white, although not all were British and four out of five were cis mothers. Only one parent identified themselves with a non-heterosexual sexuality. Class and income were not surveyed, however, participants offered indicators such as two of the parents found paying for private gender healthcare manageable, nature of job role and reflections on access to education that suggested the participants were a mix of middle and working class with a range of relative levels of wealth. Wider experiences of social deprivation and marginalisation need to be reflected in this evidence base. However, recruiting parents was challenging meaning only five participated, so engaging a diverse range of perspectives remains a goal for future research in this area.

6.5.2.1 Recommendation: social work education and guidance for practice

As noted in Chapter Two, social work education and practice with trans people in the UK lacks a robust foundation, particularly in relation to children and young people (Hudson-Sharp, 2018). The risk is this gap will be (or is already being) filled by trans-hostile perspectives. BASW's (2021a) trans position statement offered limited recognition but there is no evidence of its influence. Robust educational resources and direction, informed

and led by trans experiences, are desperately needed to ensure trans youth receive advocacy and support from social workers, not oppression in the guise of safeguarding.

6.5.2.2 Recommendation: creative and co-produced research

There is potential to develop creative methods for research with trans young people and their families. More than one of the participants explained they wanted to be involved so their voice could be heard. Natow (2021 argues policy makers take qualitative evidence less seriously because of 'concerns around both the credibility and the generalisability of qualitative data' and perceptions of this evidence being merely 'anecdotal' (np). The Cass Review's (2024) narrative on what constitutes valid research evidence in relation to trans young people's lives aligns with this standpoint. Their prioritisation of Randomised Controlled Trials (RCTs) as the gold standard of research design is the opposite end of the scale to the metaphor, feeling and storytelling presented here. It could be claimed that I have diluted the strength of the stories of the participants by presenting their words in the form of a fairy-tale meta-narrative and poetry. I have reflected on whether these creative methods of data collection, analysis and presentation have damaged the perceived validity of this evidence in the face of medical and empirical authority. However, I believe the depths of the insights available, these narratives of uncertainty, love and diligence, could only be made accessible through creative means, enabling the exploration of answers to questions RCTs cannot address. The everyday beauty of We All Love Birds (Figure 1) offers a connection to the parents' relationship with their child that a table of statistics can never provide.

Willis et al. (2018) identify the increasing importance of co-production to social work research, particularly how co-production offers possibilities to 'disrupt the more conventional power asymmetry between researcher and those researched' (p697). My study acted in the spirit of co-production, by prioritising methods that disrupted researcher authority and centring lived experience, although I did not co-produce these methods with

the parents I interviewed. I acknowledge, as Corley (2020) did, that a 'major drawback of this study was that participants were not involved in crafting the poems' (p1036) or the meta-narrative used to structure the findings. Having only considered, as Corley (2020) did, poetry and narrative as an approach to analysing and presenting the interview data once it had been produced and transcribed, it was too late to add insights from the participants into these methods. The potential to develop methods for co-constructing transcript poetry and narratives from wider data, with parent-participants, could offer new and valuable forms and insights to further develop understanding of these marginalised experiences.

6.6 Conclusion

It seems radical to have embarked on research with the supportive parents of trans young people at a time when these voices have been the quietest in conversations and decision-making about these lives. Gill-Peterson (2018) argued that 'trans children need to have access to an enfranchised voice to articulate situated knowledge to which medical practice is held accountable' (p198). I would argue that, on the basis of this research, trans young people need access to an enfranchised voice, supported by advocacy from parents and social workers, to access more than the medical world. Through encounters with, and the centring of, voices of supportive parents, profound insights are available into their everyday experiences of supporting and protecting their trans children. These insights, through the use of creative and deliberately non-clinical methods, challenge the medicalised framing of the identities of the trans children of these parents. They queer parent/child hierarchies, by confronting these parents with the possibility of displacement of their expertise to be replaced by the child as expert in their identity, the potential for alternative futures and the queering of time across the child's life.

I was drawn to this research, not just by my experiences as a parents of a trans young person, but also by my interests as a social work academic and practitioner in promoting

the voices and legal rights of adults with mental health conditions who are frequently sidelined from their rights to make autonomous decisions and live unrestricted lives (Hubbard and Stone, 2022). I considered my own child's ability to recognise and articulate their identity and potential risks when making life-changing decisions, alongside my parental leanings towards paternalism and normativity. I realised this was another instance where rights to self-determination and centring the voices of marginalised people matters to me in decision-making about their lives. The absence of an evidence base for social work with families of trans young people that recognises these priorities, motivated my interest in learning what qualities in parents lead them to support their trans child in such hostile circumstances. Using my status as a social work professional, an academic and a researcher offered me space, not just to consider this experience from the perspective of a parent, but also to use the power these roles give me to illuminate otherwise hidden experiences. As a social work educator, I am in a position to integrate this knowledge into the education of social workers, use creative methods, such as objects and poetry, in teaching and enable more nuanced approaches to diverse life trajectories and needs for knowledge and community to support these families.

These parents offered me stories of their experiences of difference and oppression, their care, curiosity and pragmatism, alongside their journeys searching for knowledge and certainty whilst experiencing doubt, ignorance and hostility, motivated by their knowledge of, and affection for, their child. Their willingness to listen and learn from their child, despite their fear and incomplete knowledge, motivated by their knowledge of them and their recognition of the positive impact from their care and support, belies the accusations of indulgence and recklessness by which they are often characterised.

In conclusion, I would like to offer my own poetic contribution as a parent of a trans child.

Figure 9

Swimming

There's a swimming pool out by the sea
We used to go there all the time
You can see gulls flying from the water
And storm clouds rolling in off the estuary

Sometimes he would swim there
In the cool early morning
Before the summer crowds arrived
Chlorine blue water rippling over him

The wind blowing across the pool
Rippling and distorting
Across the layers
Covered and recovered

I trod water above
Watchful and alert

Other times, he wouldn't let go
Terrified, clinging to the rail
Afraid to break the surface,
Emerge unbound

This summer the sea itself calls
Where there's nothing between
The water and the land
But sand and his bare feet

By Rachel Hubbard

References

Adams, N., Pearce, R., Veale, J., Radix, A., Castro, D., Sarkar, A. and Thom, K. (2017) 'Guidance and Ethical Considerations for Undertaking Transgender Health Research and Institutional Review Boards Adjudicating this Research'; *Transgender Health*; 2:1; pp.165-175

Akrivos, D. and Antoniou, A. (2024) 'Brianna Ghey's Murder: Unpacking Transphobia, Offender Anonymity and the Impact of Sentencing Remarks'; Available at: https://essexlawresearch.uk/2024/03/07/brianna-gheys-murder-unpacking-transphobia-offender-anonymity-and-the-impact-of-sentencing-remarks-dimitris-akrivos-and-alexandros-antoniou/ [Accessed 31 March 2024]

Alegria, C. (2018) 'Supporting families of transgender children/youth: Parents speak on their experiences, identity, and views'; *International Journal of Transgenderism*; 19:2, pp. 132–143

Allegretti, A. and Brooks, L. (2022) 'LGBTQ+ conference cancelled over conversion practices furore'; Available at: https://www.theguardian.com/society/2022/apr/05/lgbt-government-adviser-quits-over-conversion-practices-uturn [Accessed 6 April 2022]

Allen, K., Cuthbert, K., Hall, J., Hines, S. and Elley, S. (2022) 'Trailblazing the Gender Revolution? Young people's understandings of gender diversity through generation and social change'; *Journal of Youth Studies*; 25:5; pp. 650-666

Allen, L., Cowie, L. and Fenaughty, J. (2020) 'Safe but not safe: LGBTTIQA+ students' experience of a university campus'; *Higher Education Research and Development*; 39:6; pp. 1075-1090

American Psychiatric Association (2022) ‘What is Gender Dysphoria?’; Available at: https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria [Accessed 30 July 2024]

Andersson, J. (2021) ‘No trans under-17s referred for hormone treatment in the last nine months after gender clinic approval’; Available at: https://inews.co.uk/news/health/transgender-young-people-nhs-hormone-treatment-puberty-blockers-transition-1205675 [Accessed 4 October 2021]

Andrzejewski, J., Pampati, S., Steiner, R., Boyce, L. and Johns, M. (2021) ‘Perspectives of Transgender Youth on Parental Support: Qualitative Findings From the Resilience and Transgender Youth Study’; *Health Education and Behaviour*; 48:1; pp. 74-81

Appleby, L. (2024) ‘Independent Report: Review of suicides and gender dysphoria at the Tavistock and Portman NHS Foundation Trust’; Available at: https://www.gov.uk/government/publications/review-of-suicides-and-gender-dysphoria-at-the-tavistock-and-portman-nhs-foundation-trust/review-of-suicides-and-gender-dysphoria-at-the-tavistock-and-portman-nhs-foundation-trust-independent-report [Accessed 6 August 2024]

Asakura, K., Lundy, J., Black, D. and Tierney, C. (2020) ‘Art as transformative practice: A participatory action research project with trans* youth’; *Quantitative Social Work*; 19:5-6; pp. 1061-1077

Ashley, F. (2020) ‘A critical commentary on ‘rapid-onset gender dysphoria’’; *The Sociological Review Monographs*; Vol 68(4); pp. 105-125

Ashley, F., Tordoff, D., Olson-Kennedy, J. and Restar, A. (2023) ‘Randomized-controlled trials are methodologically inappropriate in adolescent transgender healthcare’; *International Journal of Transgender Health*; 25:3; pp. 407-418

Bachmann, C. and Gooch, B. (2018a) 'LGBT in Britain: Trans report'; Available at: https://www.stonewall.org.uk/lgbt-britain-trans-report [Accessed 29 September 2021]

Bailey, A. and Mackenzie, J. (2023) 'Support group or transgender lobby? Representing Mermaids in the British press', *Critical Discourse Studies*, Available at: https://doi.org/10.1080/17405904.2023.2291136 [Accessed 13 September 2024]

Baker, S. and Rocca, V. (2024) 'One day they may thank us for that "abuse"': Inside the Bayswater Support Group'; Available at: https://www.thebureauinvestigates.com/stories/2024-07-02/one-day-they-may-thank-us-for-that-abuse-inside-the-bayswater-support-group/ [Accessed 7 July 2024]

Banfield-Nawachi, M. (2023) 'NHS gender care delays 'contributed' to trans woman killing herself, coroner says'; Available at: https://www.theguardian.com/society/2023/oct/13/nhs-gender-care-delays-contributed-to-trans-woman-killing-herself-coroner-says [Accessed 30 December 2023]

Bark, H., Dixon, J. and Laing, J. (2023) 'The Professional Identity of Social Workers in Mental Health Services: A Scoping Review'; *International Journal of Environmental Research and Public Health*; 20:5947; Available at: https://doi.org/10.3390/ijerph20115947 [Accessed 13 September 2024]

Barker, M-J. and Scheele, J. (2019) *Gender: A Graphic Guide*; London, Icon Books

Barras, A. and Carlile, A. (2022) 'Mermaids Short Report: "Everything feels stacked against us" Two years on: understanding the impact of the 2020 Bell v Tavistock Case on transgender, non-binary and gender diverse children, young people and their families'; Available at: https://mermaidsuk.org.uk/research/ [Accessed 13 June 2024]

Barnett, J. (2024) 'Neuroqueer frontiers: Neurodiversity, gender, and the (a)social self'; *Sociology Compass*; online; pp. 1-15; Available at: https://doi.org/10.1111/soc4.13234 [Accessed 13 September 2024]

Barron, C. and Capous-Desyllas, M. (2017) 'Transgressing the Gendered Norms in Childhood: Understanding Transgender Children and their Families'; *Journal of GLBT Family Studies*; 13:5; pp. 407-438

Bassey, S. and LaFleur, G. (2022) 'Introduction: TERFs, Gender-Critical Movements, and Post-fascist Feminisms'; *Transgender Studies Quarterly*; 9:3; pp. 311-333

BBC (2023) 'Court says Scottish gender reform block is legal'; Available at: https://www.bbc.co.uk/news/uk-scotland-67659791 [Accessed 31 March 2024]

Belkind, U. (2021) 'Puberty Blockers'; in *The SAGE Encyclopedia of Trans Studies*. Goldberg, A. and Beemin, G., Thousand Oaks, CA: SAGE Publications, Inc. pp. 649-650. Available at: https://doi.org/10.4135/9781544393858 [Accessed 31 Jul 2024].

Belmont, N. Cronin, T. and Pepping, C. (2024) 'Affirmation-support, parental conflict, and mental health outcomes of transgender and gender diverse youth'; *International Journal of Transgender Health*; 25:1; pp. 50-62

Benson, K. (2021) 'Parents of Trans Children and Youth, Relationship Issues'; in *The SAGE Encyclopedia of Trans Studies*. Goldberg, A. and Beemin, G., Thousand Oaks, CA: SAGE Publications, Inc. pp. 605-606. Available at: https://doi.org/10.4135/9781544393858 [Accessed 31 Jul 2024].

Bhattacharya, N., Budge, S., Pantalone, D. and Katz-Wise, S. (2021) 'Conceptualising Relationships Among Transgender and Gender Diverse Youth and their Caregivers'; *Journal of Family Psychology*; 35:5; pp. 595-605

Bond Stockton, K. (2009) *The Queer Child or Growing Sideways in the Twentieth Century*; Durham, NC, Duke University Press

Boobyer, L. (2024) 'Gender-critical Swindon teacher loses employment tribunal case'; Available at: https://www.bbc.co.uk/news/uk-england-wiltshire-68681038 [Accessed 31 March 2024]

Booker, C. (2004) *The Seven Basic Plots: Why we tell stories*; London, Continuum International Publishing

Bradlow, J., Bartram, F., Guasp, A. and Jadva, V. (2017) 'School Report: The experiences of lesbian, gay, bi and trans young people in Britain's schools in 2017'; Available at: https://www.stonewall.org.uk/school-report-2017 [Accessed 3 October 2021]

Bradlow, J., Guasp, A., Cooke, V., Wicks, H., Douglas, R., Langdale, E. and Aberdeen, C. (2020) 'Shut Out: The experiences of LGBT young people not in education, training or work'; Available at: https://www.stonewall.org.uk/about-us/new-research-lgbt-young-people-shut-out-education-and-employment [Accessed 3 October 2021]

Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', in *Qualitative Research in Psychology*, 3:2, pp. 77-101

Braun, V. and Clarke, V. (2022) *Thematic Analysis: A practical guide*; London, Sage

Bray, L., Carter, B., Sanders,. C. Blake, L. and Keegan, K. (2017) 'Parent-to-parent peer support for parents of children with disability: A mixed methods study'; *Patient Education and Counselling*; 100 (2017); pp. 1537-1543

Brighton and Hove City Council (2021) 'Trans Inclusion Schools Toolkit'; Available at: https://www.brighton-hove.gov.uk/families-children-and-learning/information-about-our-trans-inclusion-schools-toolkit [Accessed 3 October 2021]

British Association of Social Workers (BASW) (2018) 'Professional Capabilities Framework (PCF)'; Available at: https://www.basw.co.uk/social-work-training/professional-capabilities-framework-pcf [Accessed 27 September 2021]

BASW (2021a) 'BASW Position Statement on Social Work with Transgender People'; Available at: https://new.basw.co.uk/policy-and-practice/resources/basw-position-statement-social-work-transgender-people [Accessed 27 September 2021]

BASW (2021b) 'Code of Ethics'; Available at: https://new.basw.co.uk/policy-practice/standards/code-ethics [Accessed 26 February 2024]

Bronfenbrenner, U. (1979) *The Ecology of Human Development: Experiments by Nature and Design*; Cambridge, MA; Harvard University Press

Bryman, A. (2016) *Social Research Methods* (5th ed.) Oxford, Oxford University Press

Burroughs, W. (1963) 'The Cut Up Method'; from Jones, L. (ed.), *The Moderns: An Anthology of New Writing in America* (NY: Corinth Books, 1963); Available at: https://www.writing.upenn.edu/~afilreis/88v/burroughs-cutup.html [Accessed 4 March 2024]

Butler, J. (1993) *Bodies That Matter*; Abingdon, Routledge

Butler, J. (2006) *Gender Trouble* (2nd edition); New York, Routledge

Butler, J. (2024) *Who's Afraid of Gender?*; London, Allen Lane

Callahan, E., Vincent, B. and Holti, R. (2024) '"I need to get on with it": experiences of older trans people navigating healthcare"'; in Toze, M., Willis, P. and Hafford-Letchfield, T. (eds) *Trans and Gender Diverse Ageing in Care Contexts: Research into Practice*; Bristol, Policy Press; pp.41-53

Capous-Desyllas, M and Barron, C. (2017) 'Identifying and Navigating Social and Institutional Challenges of Transgender Children and Families'; *Journal of Child and Adolescent Social Work*; 34: pp. 527–542

Carlile, A (2022) 'The Experiences of Transgender and Non-Binary Children and Young People and their Parents in Healthcare Settings in England: Interviews with members of a family support group' *International Journal of Transgender Health*; 21:1; pp. 16-32

Care Quality Commission (CQC) (2021) 'Care Quality Commission demands improved waiting times at Tavistock and Portman NHS Foundation Trust'; Available at: https://www.cqc.org.uk/news/releases/care-quality-commission-demands-improved-waiting-times-tavistock-portman-nhs [Accessed 4 October 2021]

Carter, A. (1979) *The Bloody Chamber and other Stories*; London, Gollancz

Casey, B. and Murray, M. (2022) 'Chapter 31: Arts-based Research in the Social Sciences'; in Flick, U. (Ed.) *The Sage Handbook of Qualitative Research Design*; Available at: https://sk.sagepub.com/reference/the-sage-handbook-of-qualitative-research-design/i3851.xml [Accessed 16 March 2024]

Cass Review (2024) ‘Independent review of gender identity services for children and young people: Final Report’; Available at: https://cass.independent-review.uk/home/publications/final-report/ [Accessed 15 April 2024]

Cass Review (2020) ‘Independent review of gender identity services for children and young people: Interim Report’; Available at: https://cass.independent-review.uk/home/publications/interim-report/ [Accessed 20 September 2021]

Chamberlain, K. and Hodgetts, D. (2022) ‘Challenges in Designing Qualitative Research when Working with and for Hard-to-Reach Groups’; in Flick, U. (Ed.) (2022) *The Sage Handbook of Qualitative Research Design*; Available at: https://doi.org/10.4135/9781529770278 [Accessed 13 September 2024]

Children Act 1989 [online]. Chapter 41. Legislation.gov.uk. Available from: https://www.legislation.gov.uk/ukpga/1989/41/contents [Accessed 07 June 2024] .

Cho, S., Crenshaw, K. and McCall, L. (2013) ‘Toward a Field of Intersectionality Studies: Theory, Applications, and Praxis’; *Signs: : Journal of Women in Culture and Society*, vol. 38, no. 4 Intersectionality: Theorizing Power, Empowering Theory (Summer 2013); pp. 785-810

Chudy, E. (2024) ‘Leaked emails show concerns over closure of Tavistock gender identity clinic’; Available at: https://www.thepinknews.com/2024/03/27/nhs-tavistock-centre-closure-concerns/ [Accessed 30 March 2024]

Chun, J., Lipsitz, G. and Shin, Y. (2013) ‘Intersectionality as a Social Movement Strategy: Asian Immigrant Women Advocates’ *Signs*; 38:4; pp. 917–40

Christine Goodwin v the United Kingdom (2002) ECHR 588; Available at: https://www.bailii.org/eu/cases/ECHR/2002/588.html [Accessed 28 September 2021]

Crenshaw, K. (1993) 'Mapping the Margins: Intersectionality, Identity Politics and Violence Against Women of Color'; *Stanford Law Review*; 43:6 (July 1991); pp. 1241-1299

Critical Methodologies Collective, The (2021) 'Introduction', *The Politics and Ethics of Representation in Qualitative Research*; London, Routledge

Cocker, C. and Hafford-Letchfield, T. (2014) 'Part 1: Power'; in *Rethinking Anti-Discriminatory and Anti-Oppressive Theories for Social Work Practice*; Basingstoke, Palgrave Macmillan; pp. 22-23

Coleman, E., Radix, A., Bouman, W., Brown, G., de Vries, A., Deutsch, M., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A., Johnson, T., Karasic, D., Knudson, G., Leibowitz, S., Meyer-Bahlburg, H., Monstrey, S., Motmans, J., Nahata, L., Nieder, T., Reisner, S., Richards, C., Schechter, L., Tangpricha, V., Tishelman, A., Van Trotsenburg, M., Winter, S., Ducheny, K., Adams, N., Adrián, T., Allen, L., Azul, D., Bagga, H., Başar, K., Bathory, D., Belinky, J., Berg, D., Berli, J., Bluebond-Langner, R., Bouman, M., Bowers, M., Brassard, P., Byrne, J., Capitán, L., Cargill, C., Carswell, J., Chang, S., Chelvakumar, G., Corneil, T., Dalke, K., De Cuypere, G., de Vries, E., Den Heijer, M., Devor, A., Dhejne, C., D'Marco, A., Edmiston, E., Edwards-Leeper, L., Ehrbar, R., Ehrensaft, D., Eisfeld, J., Elaut, E., Erickson-Schroth, L., Feldman, J., Fisher, A., Garcia, M., Gijs, L., Green, S., Hall, B., Hardy, T., Irwig, M., Jacobs, L., Janssen, A., Johnson, K., Klink, D., Kreukels, B., Kuper, L., Kvach, E., Malouf, M., Massey, R., Mazur, T., McLachlan, C., Morrison, S., Mosser, S., Neira, P., Nygren, U., Oates, J., Obedin-Maliver, J., Pagkalos, G., Patton, J., Phanuphak, N., Rachlin, K., Reed, T., Rider, G., Ristori, J., Robbins-Cherry, S., Roberts, S., Rodriguez-Wallberg, K., Rosenthal, S., Sabir, K., Safer, J., Scheim, A., Seal, L., Sehoole, T., Spencer, K., St. Amand, C., Steensma, T., Strang, J., Taylor, G., Tilleman, K., T'Sjoen, G., Vala, L., Van

Mello, N., Veale, J., Vencill, J., Vincent, B., Wesp, L., West, M. and Arcelus, J. (2022) 'Standards of Care for the Health of Transgender and Gender Diverse People, Version 8,' in *International Journal of Transgender Health*, 23:sup1; pp.1-259

Coolhart, D., Ritenour, K. and Grodzinski, A. (2018) 'Experiences of Ambiguous Loss for Parents of Transgender Male Youth: A Phenomenological Exploration'; *Contemporary Family Therapy*; 40; pp.28-41

Corley, N. (2020) 'Exploring poetry as method: "Representing faithfully" the narratives of African American high school students and their mothers'; *Qualitative Social Work*; 19:5-6; pp. 1022-1039

Cowburn, A. (2021) 'Liz Truss admits 'fundamental disagreements' between her and LGBT panel members before it was disbanded'; Available at: https://www.independent.co.uk/news/uk/politics/lgbt-liz-truss-panel-gender-b1853661.html [Accessed 27 September 2021]

Crown Prosecution Service (CPS) (2017) Available at: https://www.cps.gov.uk/crime-info/hate-crime [Accessed 20 September 2021]

CPS (2024) 'Two teenagers jailed for life for the murder of Brianna Ghey'; Available at: https://www.cps.gov.uk/mersey-cheshire/news/two-teenagers-jailed-life-murder-brianna-ghey [Accessed 31 March 2024]

Curatolo, B. (2012) 'Queering "Happily Ever After": Queer Narratives Expose Heteronormalcy in Fairy Tales'; Available at: https://collected.jcu.edu/honorspapers/3/ [Accessed 2 March 2024]

Davy, Z. and Cordoba, S. (2020) 'School Cultures and Trans and Gender-diverse Children: Parents' Perspectives'; *Journal of GLBT Family Studies*, 16:4; pp.349-367

Davy, Z. (2021) *Sex/Gender and Self-Determination: policy developments in law, health and pedagogical contexts*: Bristol, Policy Press

de Abreu, P., Andrade, R., Maza, I., de Faria, M., Nogueira, J. and Monroe, A. (2022a) 'Dynamics of Primary Social Networks to Support Mothers, Fathers, or Guardians of Transgender Children and Adolescents: A Systematic Review'; *International Journal of Environmental Research and Public Health*; 19; Available at: https://doi.org/10.3390/ijerph19137941 [Accessed 13 September 2024]

de Abreu, P., Andrade, R., Maza, I., de Faria, M., Valenca, A., Araujo, E., Palha, P., Arcencio, R., Pinto, I., Ballestero, J., Almeida, S., Nogueira, J. and Monroe, A. (2022b) 'Support for Mothers, Fathers, or Guardians of Transgender Children and Adolescents: A Systematic Review on the Dynamics of Secondary Social Networks'; *International Journal of Environmental Research and Public Health*; 19; Available at: 10.3390/ijerph19148652 [Accessed 13 September 2024]

de Bres, J. (2022) 'Research on Parents of Gender-Diverse Children: From Pathologization to Affirmation'; *LGBTQ+ Family: An Interdisciplinary Journal*; 18:2; pp. 135-150

Delamont, S., Atkinson, P. and Pugsley, L. (2020) 'The Concept Smacks of Magic: Fighting familiarity today'; *Teaching and Teacher Education*; 26; pp. 3-10

Department for Education (DfE) (2014) 'Equality Act 2010: advice for schools'; Available at: https://www.gov.uk/government/publications/equality-act-2010-advice-for-schools [Accessed 3 October 2021]

DfE (2019) 'Relationships Education, Relationships and Sex Education (RSE) and Health Education: Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers'; Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1019542/Relationships_Education__Relationships_and_Sex_Education__RSE__and_Health_Education.pdf [Accessed 3 October 2021]

DfE (2023) 'Gender Questioning Children: Non-statutory guidance for schools and colleges in England Draft for consultation'; Available at: https://consult.education.gov.uk/equalities-political-impartiality-anti-bullying-team/gender-questioning-children-proposed-guidance/ [Accessed 11 February 202]

DfE (2024) 'Review of the RHSE Guidance'; Available at: https://consult.education.gov.uk/rshe-team/review-of-the-rshe-statutory-guidance/ [Accessed 31 May 2024]

Department for Health and Social Care (DHSC) (2024) 'Puberty blockers temporary ban extended'; Available at: https://www.gov.uk/government/news/puberty-blockers-temporary-ban-extended [Accessed 25 August 2024]

Derrington, M. (2019) 'The Benefits and Challenges of Longitudinal Qualitative Studies'; in Derrington, M. *Qualitative Longitudinal Methods: Researching Implementation and Change*; Available at: https://methods.sagepub.com/book/qualitative-longitudinal-methods/i281.xml [Accessed 13 January 2023]

D'Ignazio, L. and Klein, L. (2020) *Data Feminism*; Cambridge, Massachusetts, MIT Press

Dimopoulos, G. and Taylor-Sands, M. (2024) 'Gender CARE beyond the courts: an alternative framework for resolving disputes over gender health care for children and adolescents'; *The Medical Journal of Australia*; 221:2; pp. 88-91

Doel, M. (2019) 'Displaying Social Work through Objects'; *The British Journal of Social Work*; 49; pp.824-841

Dominguez-Martinez, T. and Robles, R (2019) 'Preventing Transphobic Bullying and Promoting Inclusive Educational Environments: Literature Review and Implementing Recommendations'; *Archives of Medical Research*; 50; pp. 543-555

Donovan, C., Magic, J. and West, S. (2021) 'LGBT+ Domestic Abuse Service Provision Mapping Study'; Available at: https://domesticabusecommissioner.uk/wp-content/uploads/2021/11/Galop-LGBT-Domestic-Abuse-Service-Provision-Mapping-Study-Final.pdf [Accessed 18 March 2024]

Dunlap, S., Goldbach, J., Olson-Kennedy, J. and Held, J. (2023) '"How in God's Name Are We Going To Navigate This?": Parent Support for Transgender Adolescents'; *Journal of Child and Family Studies*; 32; pp. 3926-3946

Dyer, J., Pickett, S., Davis, J., Hackett, K., Holmes, C., James, J., Jefferies, D., Manning, K., Pullen Sansfaçon, A. and Temple Newhook, J. (2022) 'Chapter 6: Collaborative Ethnography for Feminist Research'; pp. 97-116; in Cocker, C. and Hafford-Letchfield, T. (eds) *Rethinking Feminist Theories for Social Work Practice*; Available at: https://doi.org/10.1007/978-3-030-94241-0_4 [Accessed 18 August 2024]

Edelman, L. (2004) *No Future: Queer Theory and the Death Drive*; Durham, North Carolina, Duke University Press

Eichsteller, M. and Davis, R. (2022) *Biographical Research Methods*; London, Sage

Ehrensaft, D. (2016) *The Gender Creative Child: pathways for nurturing and supporting children who live outside gender boxes*; New York, The Experiment, LLC

Ehrensaft, D. (2017) 'Gender non-conforming youth: current perspectives'; *Adolescent Health, Medicine and Therapeutics*; 2017:8; pp. 57-67

Elgot, J. (2024) 'Tories will allow bars on trans women, says Kemi Badenoch'; Available at: https://www.theguardian.com/society/article/2024/jun/02/tories-will-allow-bars-on-trans-women-says-kemi-badenoch [Accessed 7 June 2024]

Ellingson, L. (2009) 'Chapter 1: Introduction to Crystallization'; in *Engaging Crystallization in Qualitative Research*; Available at: https://doi.org/10.4135/9781412991476 [Accessed 18 March 2024]

Ellis, W. (2022) *Nina Simone's Gum: A memoir of things lost and found*; London, Faber and Faber

English, R. (2016) 'Mother's determination that child was "gender variant" did him significant harm – Family Court'; Available at: https://ukhumanrightsblog.com/2016/11/01/mothers-determination-that-child-was-gender-variant-did-him-significant-harm-family-court/ [Accessed 5 October 2021]

Equality Act (2010) [online]; Available at: https://www.legislation.gov.uk/ukpga/2010/15/schedule/3/paragraph/28/enacted [Accessed 18 March 2024]

Family Law Act (1969) (online); Available at: https://www.legislation.gov.uk/ukpga/1969/46/contents [Accessed 4 October 2021]

Faulkner, S. (2018) 'Poetic Inquiry'; in Leavy, P. (ed.) *Handbook of Arts-Based Research*; New York, The Guilford Press

Faye, S. (2021) *The Transgender Issue: An argument for justice*; London, Allen Lane

Field, T. and Mattson, G. (2016) 'Parenting Transgender Children in PFLAG'; *Journal of GLBT Family Studies*; 12:5; pp.413-429

Fine, C. (2010) *Delusions of Gender: The real science behind sex differences*; London, Icon Books

Flores, A. (2021) 'Public Opinion of/Climate for'; in *The SAGE Encyclopedia of Trans Studies*. Goldberg, A. and Beemin, G., Thousand Oaks, CA: SAGE Publications, Inc. pp. 653-658. Available at: https://doi.org/10.4135/9781544393858 [Accessed 31 Jul 2024].

Formby, E. (2015) 'Limitations of focusing on homophobic, biphobic and transphobic 'bullying' to understand and address LGBT young people's experiences within and beyond school'; *Sex Education: sexuality, society and learning*; 15:6; pp. 626-640

Freed, R. and Thomson, M. (2011) 'Predictors of Parental Locus of Control in Mothers of Pre and Early Adolescents'; *Journal of Clinical Child and Adolescent Psychology*; 40:1; pp. 100-110

Freeman, M. (2018) 'Narrative Inquiry'; in Leavy, P. (ed.) *Handbook of Arts-Based Research*; New York, The Guilford Press

Frigero, A., Montali, L. Anzani, A. and Prunas, A. (2021) "We'll Accept Anything, as Long as She Is Okay": Italian Parents' Narratives of Their Transgender Children's Coming-out'; *Journal of GLBT Family Studies*; 17:5; pp. 432-449

Gabb, J. (2024) 'Qualitative Research'; in Goldberg, A. (ed.) *The Sage Encyclopedia of LGBTQ Studies – Second Edition*; Available at: https://sk-sagepub-

com.uwe.idm.oclc.org/ency/edvol/the-sage-encyclopedia-of-lgbtq-studies-2e/chpt/qualitative-research [Accessed 25 January 2025]

Galop (2021) 'Hate Crime Report 2021'; Available at: https://galop.org.uk/resource/hate-crime-report-2021/ [Accessed 31 March 2024]

Galop (2023) 'There was nothing to fix: LGBT+ survivors' experiences of conversion practices'; Available at: https://galop.org.uk/resource/there-was-nothing-to-fix-lgbt-survivors-experiences-of-conversion-practices/ [Accessed 31 March 2024]

Gender Recognition Act (2004) [online] Available at: https://www.legislation.gov.uk/ukpga/2004/7/contents [Accessed 20 September 2021]

Gender Identity Development Service (GIDS) (2021) 'How long is the wait for a first appointment at GIDS?'; Available at: https://gids.nhs.uk/how-long-wait-first-appointment-gids [Accessed 4 October 2021]

Georges, E., Brown, E. and Cohen, R. (2024) 'Prohibition of Gender Affirming Care as a form of child maltreatment: Reframing the Discussion'; *Pediatrics*; 153:1 January 2024; pp. 1-5

Gibran, K. (1923) 'On Children'; Available at: https://poets.org/poem/children-1 [Accessed 27 November 2023]

Gilgun, J. (2022) 'Chapter 66: Designing Qualitative Social Work Research'; in Flick, U. (Ed.) (2022) *The Sage Handbook of Qualitative Research Design*; Available at: https://doi.org/10.4135/9781529770278 [Accessed 13 September 2024]

Gillick v West Norfolk and Wisbech Health Authority and Department of Health and Social Security [1985] UKHL 7 (17 October 1985); Available at: https://www.bailii.org/uk/cases/UKHL/1985/7.html [Accessed 4 October 2021]

Gill-Peterson, J. (2018) *Histories of the Transgender Child*; Minneapolis, University of Minnesota Press

Glaser, B. and Strauss, A. (1967) *The Discovery of Grounded Theory: Strategies for Qualitative Research*; Mill Valley, CA, Sociology Press

Goodier, M. (2023) 'Hate crimes against transgender people hit record high in England and Wales'; Available at: https://www.theguardian.com/society/2023/oct/05/record-rise-hate-crimes-transgender-people-reported-england-and-wales [Accessed 31 March 2024]

Government Equalities Office (GEO) / Equality and Human Rights Commission (EHRC) (2013) 'Equality Act 2010: guidance'; Available at: https://www.gov.uk/guidance/equality-act-2010-guidance [Accessed 20 September 2021]

Government Equalities Office (GEO) / Mordaunt, P. (2018) 'Reform of the Gender Recognition Act 2004'; Available at: https://www.gov.uk/government/consultations/reform-of-the-gender-recognition-act-2004 [Accessed 20 September 2021]

Government Equalities Office (GEO) / Truss, E. (2020) 'Government responds to Gender Recognition Act Consultation'; Available at: https://www.gov.uk/government/news/government-responds-to-gender-recognition-act-consultation [Accessed 20 September 2021]

Government Equalities Office (GEO), Equality Hub, Mike Freer MP and The Rt Hon Liz Truss MP (2021) 'Banning conversion therapy'; Available at: https://www.gov.uk/government/consultations/banning-conversion-therapy [Accessed 23 March 2022]

Government Equalities Office (GEO) (2018a) 'National LGBT Survey: summary report'; Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722314/GEO-LGBT-Survey-Report.pdf [Accessed 20 September 2021]

Government Equalities Office (GEO) (2018b) 'LGBT Action Plan'; Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721367/GEO-LGBT-Action-Plan.pdf [Accessed 20 September 2021]

Gray, S., Sweeney, K., Randazzo, R. and Levitt, H. (2016) "Am I Doing the Right Thing?": Pathways to Parenting a Gender Variant Child'; *Family Process*; 55:1; pp. 123-138

Gregor, C., Hingley-Jones, H. and Davidson, S. (2015) 'Understanding the Experience of Parents of Pre-pubescent Children with Gender Identity Issues'; *Journal of Child and Adolescent Social Work*; 32; pp. 237-246

Griffiths, M. (2018) 'Chapter 4: Where do the Mermaids Stand?' in Burns, C. (ed.) *Trans Britain: Our Journey from the Shadows*; London, Unbound; pp. 82-91

Grijseels, D. (2024) 'Biological and psychosocial evidence in the Cass review: a critical commentary' [online], *International Journal of Transgender Health*, Available at: https://www.tandfonline.com/doi/full/10.1080/26895269.2024.2362304 [Accessed 12 September 2024]

Gwenffrewi, G. (2022) 'J.K. Rowling and the Echo Chamber of Secrets'; *Transgender Studies Quarterly*; 9:3; pp. 507-516

Hackett, J. (2021) 'GIDS wait times'; Available at: https://www.whatdotheyknow.com/request/gids_wait_times [Accessed 4 October 2021]

Harrell, S., Anderson-Nathe, B., Wahab, S. and Gringeri, C. (2022) 'Chapter 4: Feminist Research and Practice: Reorienting a Politic for Social Work; pp. 59-76; in Cocker, C. and Hafford-Letchfield, T. (eds) *Rethinking Feminist Theories for Social Work Practice*; Available at: https://doi.org/10.1007/978-3-030-94241-0_4 [Accessed 13 September 2024]

Halberstam, J. (2005) 'Chapter 1: Queer Temporalities and Postmodern Geographies'; in *In a Queer Time and Place: Transgender Bodies, Subcultural Lives*; Available at: https://search-ebscohost-com.abc.cardiff.ac.uk/login.aspx?direct=true&db=nlebk&AN=1020972&site=ehost-live&scope=site [Accessed 1 August 2024]

Halberstam, J. (2018) *Trans: A quick and quirky account of gender variability (Vol 3)*; Berkeley, University of California Press

Hawkey, A. and Ussher, J. (2022) 'Feminist Research: Inequality, Social Change and Intersectionality'; in Flick, U. (Ed.) (2022) *The Sage Handbook of Qualitative Research Design*; Available at: https://doi.org/10.4135/9781529770278 [Accessed 13 September 2024]

Hayfield, N. (2021) *Bisexual and Pansexual Identities: Exploring and Challenging Invisibility and Invalidation*; Abingdon, Routledge

Heath, H. (2009) 'Chapter 19: Assessing and Delivering Parental Support'; in Hoghughi, M. and Long, N. (eds) *Handbook of Parenting: Theory and Research for Practice*; Available at: https://doi.org/10.4135/9781848608160 [Accessed 13 September 2024]

Hidalgo, M. and Chen, D. (2019) ‘Experiences of Gender Minority Stress in Cisgender Parents of Transgender/Gender-Expansive Prepubertal Children: A Qualitative Study’; *Journal of Family Issues*; 40:7; pp. 865-886

Hill, D. and Menvielle, E. (2009) “You Have to Give Them a Place Where They Feel Protected and Safe and Loved”: The Views of Parents Who Have Gender-Variant Children and Adolescents’; *Journal of LGBT Youth*; 6:2-3; pp. 243-271

Hines, S. (2020) ‘Sex wars and (trans) gender panics: Identity and body politics in contemporary UK feminism’; *The Sociological Review Monographs*; 68:4; pp. 25-43

Hodkinson, P. (2005) ‘‘Insider Research’ in the Study of Youth Cultures’; *Journal of Youth Studies*, 8:2, pp.131-149

Hodkinson, P. (2012) ‘Chapter 10: The Collective Ageing of a Goth Festival’; in Bennett, A. and Hodkinson, P. (eds.) *Ageing and Youth Cultures: music, style and identity*; London, Berg

Holloway, B., Riley Hostetter, C., Morris, K., Kynn, J. and Kilby, M. (2023) ‘"We're All We Have": Envisioning the Future of Mutual Aid from Queer and Trans Perspectives’; *The Journal of Sociology and Social Welfare*; 50:1; pp. 155-180

Horton, C. (2021a) ‘”It felt like they were trying to destabilise us”: Parent assessment in UK children’s gender services’; *International Journal of Transgender Health*; 24:1; pp. 70-85

Horton, C. (2021b) ‘Parent Advocacy Groups for Trans Children’; in *The SAGE Encyclopedia of Trans Studies*. Goldberg, A. and Beemin, G., Thousand Oaks, CA: SAGE Publications, Inc. pp. 591-593. Available at: https://doi.org/10.4135/9781544393858 [Accessed 31 Jul 2024].

Horton, C. (2022a) ‘”I Was Losing That Sense of Her Being Happy – Trans Children and delaying Social Transition’; *LGBTQ+ Family: An Interdisciplinary Journal*; 18:2; pp. 187-203

Horton, C. (2022b) "Of Course, I'm Intimidated by Them. They Could Take My Human Rights Away": Trans Children's Experiences with UK Gender Clinics'; *Bulletin of Applied Transgender Studies*; 1 (1-2); pp. 47-70

Horton, C. (2023a) '"I never wanted her to feel shame": parent reflections on supporting a transgender child'; *Journal of LGBT Youth*; 20:2; pp. 231-247

Horton, C. (2023b) '"I Didn't Want Him to Disappear" Parental Decision-Making on Access to Puberty Blockers for Trans Early Adolescents'; *Journal of Early Adolescence*; Vol. 43:4; pp. 490–515

Horton, C. (2023c) 'Depathologizing Diversity: Trans children and families' experiences of pathologisation in the UK'; *Children and Society*; 37; pp. 753-770

Horton, C. (2024a) 'The Cass Review: Cis-supremacy in the UK's approach to healthcare for trans children'; *International Journal of Transgender Health*; Available at: https://doi.org/10.1080/26895269.2024.2328249 [Accessed 13 September 2024]

Horton C. (2024b) 'The importance of child voice in trans health research: a critical review of research on social transition and well-being in trans children'; *International Journal of Transgender Health*; 25:3; pp. 389-406

Horton, C. and Pearce, R (2024) 'The UK's Cass Review Badly Fails Trans Children'; Available at: https://www.scientificamerican.com/article/the-u-k-s-cass-review-badly-fails-trans-children/ [Accessed 8 August 2024]

House of Commons Women and Equalities Committee (HOCWEC) (2016) 'Transgender Equality'; Available at: https://publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/390/390.pdf [Accessed 20 September 2021]

Hubbard, R. and Stone, K. (2022, 2nd edition) *The Best Interests Assessor Practice Handbook;* Bristol, Policy Press

Hubbard, R. (2023) 'Experiences of parents of trans young people: A qualitative literature review,' Sexualities and Social Work International Conference 2023, University of Strathclyde, Glasgow, Available at: https://uwe-repository.worktribe.com/output/10974758 [Accessed 31/7/24]

Hudson-Sharp, N (2018) 'Transgender awareness in child and family social work education'; Available at: https://www.niesr.ac.uk/publications/transgender-awareness-child-and-family-social-work-education [Accessed 31 May 2021]

Humphrey, R., Nic Giolla Easpaig, B. and Fox, R. (2020) 'Co-producing trans ethical research'; in Pearce, R., Moon, I., Gupta, K. and Steinberg, D. (Eds.) *The Emergence of* Trans, Routledge, pp. 165-178; Available at: https://pureportal.strath.ac.uk/files/129841702/Humphrey_etal_2020_Co_producing_trans_ethical_research.pdf [Accessed 8 May 2023]

Hurst, G. (2019) 'Transgender dispute splits Stonewall'; Available at: https://www.thetimes.co.uk/article/transgender-dispute-splits-stonewall-535v3qnb0 [Accessed 27 September 2021]

Jaffe, S. (2018) 'Queer Time: The Alternative to "Adulting"'; Available at: https://daily.jstor.org/queer-time-the-alternative-to-adulting/ [Accessed 2 August 2024]

Johnson, S. and Benson, K. (2014) '"It's always the mother's fault": Secondary Stigma of Mothering a Transgender Child'; *Journal of GLBT Family Studies*; 10:1-2; pp. 124-144

Katz-Wise, S., Budge, S., Orovecz, J., Nguyen, B., Nava-Coulter, B. and Thomson, K. (2017) 'Imagining the Future: Perspectives among Youth and Caregivers in the Trans Youth Family Study'; *Journal of Counselling Psychology*; 64:1; pp. 26-40

King, D., Paechter, C. and others (2020) 'Gender Recognition Act: Analysis of consultation responses'; Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/919890/Analysis_of_responses_Gender_Recognition_Act.pdf [Accessed 20 September 2021]

Klonkowska, A. (2022) '"...I'm Not Unaccepting, I'm Just Concerned..." The Struggles of Polish Parents of Trans Youths'; *Polish Sociological Review*; 3:219; pp. 407-422

Kuvulanka, K., Weiner, J. and Mahan, D. (2014) 'Child, Family and Community Transformations: Findings from Interviews with Mothers of Transgender Girls'; *Journal of GLBT Family Studies*; 10:4; pp.354-379

Kuvulanka, K., Bellis, C., Goldberg, A. and McGuire, J. (2019) 'An Exploratory Study of Custody Challenges Experienced by Affirming Mothers of Transgender and Gender Non-conforming Children'; *Family Court Review*; 57:1; pp.54-71

Kuvulanka, K. and Munroe, C. (2021) 'Parenting of Trans Children'; in *The SAGE Encyclopedia of Trans Studies*. Goldberg, A. and Beemin, G., Thousand Oaks, CA: SAGE Publications, Inc. pp. 649-650. Available at: https://doi.org/10.4135/9781544393858 [Accessed 2 Aug 2024].

Lancashire County Council v TP and Ors (Permission to withdraw care proceedings) (2019); Available at: https://www.casemine.com/judgement/uk/5cda5a6e2c94e03fa414c821 [Accessed 29 September 2021]

Land, R. and Meyer, J. (2010) 'Chapter 4: Threshold Concepts and Troublesome Knowledge'; in Meyer, J., Land, R. and Baillie, C. (eds.) *Threshold Concepts and Transformational Learning*; pp. 61–79; Available at: https://brill.com/display/title/37760; [Accessed 19 November 2023]

Lawless, B. and Cole, K. (2021) 'Troll-Tracking: Examining Rhetorical Circulation of Anti-Intellectual Ideologies in Right Wing Media Attacks'; *Communication, Culture and Critique*; 14:1; pp. 149-165

Leavy, P. and Harris. A. (2019) *Contemporary Feminist Research from Theory to Practice*; New York, The Guilford Press

Levin, N., Kattari, S., Piellusch, E. and Watson, E. (2020) '"We Just Take Care Of Each Other": Navigating 'chosen family' in the context of health, illness and the mutual provision of care amongst queer and transgender young adults'; *International Journal of Environmental Research and Public Health*; 17:7346; DOI: 10.3390/ijerph17197346

Lorusso, M. and Albanesi, C. (2021) 'When the context rows against. Voicing parents of transgender teenagers in Italy: A qualitative study'; *Journal of Applied Social Psychology*; pp. 1-17 DOI: 10.1002/casp.2518

Macnamara, M., Baker, K., Connelly, K., Jansson, A., Olsson-Kennedy, J., Pang, K., Scheim, A., Turban, J. and Alstott, A. (2024) 'An Evidence-Based Critique of "The Cass Review" on Gender-affirming Care for Adolescent Gender Dysphoria'; Available at: https://law.yale.edu/yls-today/news/report-addresses-key-issues-legal-battles-over-gender-affirming-health-care [Accessed 5 July 2024]

Macvarish, J. (2020) 'Parenting'; in Cook, D. (Ed) *The SAGE Encyclopaedia of Children and Childhood Studies*; Available at: https://doi.org/10.4135/9781529714388 [Accessed 13 September 2024]

Mannay, D. (2010) 'Making the familiar strange: can visual research methods render the familiar setting more perceptible?'; *Qualitative Research*; 10:1; pp. 91–111

Manning, K., Holmes, C., Temple Newhook, J., Pullen Sansfaçon, A. and Travers, A. (2015) 'Fighting for Trans* Kids: Academic Parent Activism in the 21st Century'; *Studies in Social Justice*; 9:1; pp. 118-135

Maya Forstater v CGD Europe and Ors: UKEAT/0105/20/JOJ; Available at: https://www.gov.uk/employment-appeal-tribunal-decisions/maya-forstater-v-cgd-europe-and-others-ukeat-slash-0105-slash-20-slash-joj [Accessed 20 September 2021]

McManus, J. (2021) 'Human rights body leaves Stonewall diversity scheme'; Available at: https://www.bbc.co.uk/news/uk-57219989 [Accessed 27 September 2021]

McNicoll, A. (2016) 'Judge calls for review of social work response to boy who lived as a girl'; Available at: https://www.communitycare.co.uk/2016/10/27/judge-calls-review-social-work-response-boy-lived-girl/ [Accessed 5 October 2021]

Meadow, T. (2014) 'Child'; *Transgender Studies Quarterly*; 1:1-2; pp 57-59

Mental Capacity Act (2005) (online); Available at: https://www.legislation.gov.uk/ukpga/2005/9/contents [Accessed 4 October 2021]

Mikulak, M. (2022) *Parenting Trans and Non-Binary Children: Exploring Practices of Love, Support and Everyday Advocacy*; Palgrave Macmillan, Switzerland

Milani, T. and Borba, R. (2022) 'Chapter 12: Queer(ing) Methodologies'; in Flick, U. (Ed.) (2022) *The Sage Handbook of Qualitative Research Design*; DOI: https://doi.org/10.4135/9781529770278 [Accessed 13 September 2024]

Minister for Women and Equalities (2019) 'LGBT Action Plan: Annual progress report 2018-19'; Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/814579/20190702__LGBT_Action_Plan__Annual_Report__WESC.pdf [Accessed 20 September 2021]

Ministry of Justice (2020) 'Tribunal Statistics Quarterly, January to March 2020'; Available at: https://www.gov.uk/government/statistics/tribunal-statistics-quarterly-january-to-march-2020 [Accessed 27 September 2021]

Moore, M. (2023) 'New Young People's Gender Clinic hires controversial Gender Exploratory Therapist'; Available at: https://transsafety.network/posts/gosh-exploratory-therapy/ [Accessed 9 August 2024]

Natow, R. (2021) 'How do policymakers perceive qualitative evidence?'; Available at: https://evidenceandpolicyblog.co.uk/2021/04/07/how-do-policymakers-perceive-qualitative-research/ [Accessed 7 July 2024]

Neary, A. (2019) 'Complicating constructions: middle-class parents of transgender and gender-diverse children'; *Journal of Family Studies*; 27:4, pp. 506-522

NHS England (2013) 'NHS Standard Contract for Gender Identity Development Service for Children and Adolescents'; Available at: https://www.england.nhs.uk/wp-content/uploads/2017/04/gender-development-service-children-adolescents.pdf [Accessed 3 October 2021]

NHS England (2021) ‘Appendix A: Amendments to the service specification for gender identity development service for children and adolescents (E13/S(HSS)/e)’; Available at: https://www.england.nhs.uk/wp-content/uploads/2020/12/amendment-to-cyp-gender-dysphoria-service-specification.pdf [Accessed 23 March 2022]

NHS England (2024a) ‘Clinical policy: Puberty suppressing hormones’; Available at: https://www.england.nhs.uk/publication/clinical-policy-puberty-suppressing-hormones/ [Accessed 1 April 2024]

NHS England (2024b) ‘Official letter from Professor James Palmer to those on the waiting list for the *NHS Children and Young People’s Gender Service’*; Available at: https://www.ardengemcsu.nhs.uk/media/3979/nhs-england-letter-31052024.pdf [Accessed 7 June 2024]

Noone, C., Southgate, A., Ashman, A., Quinn, E., Comer, D., Shrewsbury, D., Ashley, F., Hartland, J., Pashdag, J., Gilmore, J., Kennedy, N., Wooley, T., Heath, R., Goulding, R., Simpson, V., Kiely, E., Coll, S., White, M., Grijseels, D., Ouafik, M. and McLamore, Q. (2024) ‘Critically Appraising the Cass Review: Methodological Flaws and Unsupported Claims’; in pre-print; pp. 1-24; Available at: https://osf.io/preprints/osf/uhndk [Accessed 14 June 2024]

Office for National Statistics (2023) ‘Gender identity, England and Wales: Census 2021’; Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/genderidentity/bulletins/genderidentityenglandandwales/census2021 [Accessed 14 April 2024]

Olson, K., Durwood, L., DeMeules, M., and McLaughlin, K. (2016) ‘Mental Health of Transgender Children Who Are Supported in Their Identities’; *Pediatrics*; 137:3; pp.1-8

Otten, T. (2023) 'Florida Passes Bill Allowing Trans Kids to be Taken from their Families'; Available at: https://newrepublic.com/post/172444/florida-passes-bill-allowing-trans-kids-taken-families [Accessed 2 April 2024]

Owen, J. (2020) 'Big yellow sanctuary: cross-dressing, gender and performance in self-storage in the UK'; *Gender, Place and Culture*; 27:9; pp.1268-1286

Owl and Fisher, F. (2019) *Trans Teen Survival Guide*; London, Jessica Kingsley Publishing

Oxfordshire County Council (2019) 'Statement on the Trans Inclusion Toolkit'; Available at: https://news.oxfordshire.gov.uk/statement-on-the-trans-inclusion-toolkit/ [Accessed 3 October 2021]

Parliamentary Assembly of the Council of Europe (PACE) (2021) 'Combating rising hate against LGBTI people in Europe'; Available at: https://www.coe.int/en/web/sogi/-/pace-report-denounces-the-rise-in-hatred-against-lgbti-persons [Accessed 2 October 2021]

Parker, J. (2020) 'Changes to gender recognition laws ruled out'; Available at: https://www.bbc.co.uk/news/uk-politics-54246686 [Accessed 20 September 2021]

Pearce, R. (2020) 'A Methodology for the Marginalised: Surviving Oppression and Traumatic Fieldwork in the Neoliberal Academy'; *Sociology*; 54:4; pp. 806-824

Pearce, R., Erikainen, S. and Vincent, B. (2020) 'TERF Wars: an introduction'; *The Sociological Review Monographs*; 68:4; pp. 3-24

Pearce, R., Moon, I., Gupta, K., and Steinberg, D. (2019) 'Introduction: The many-voiced monster: Collective determination and the emergence of trans' in Pearce, R., Moon, I., Gupta, K. and Steinberg D. (Eds.) *The emergence of trans: Cultures, politics and everyday lives*; pp. 1–12

Pidd, H. (2023) ‘Teenagers guilty of ‘senseless’ murder of transgender girl Brianna Ghey’; Available at: https://www.theguardian.com/uk-news/2023/dec/20/brianna-ghey-found-guilty-murder [Accessed 12 February 2024]

Pidd, H. (2024) ‘Brianna Ghey has ‘humanised’ trans debate in Warrington, says MP’; Available at: https://www.theguardian.com/society/2024/feb/09/warrington-more-humane-on-trans-issues-after-briannas-says-mp [Accessed 12 February 2024]

Popp, V. (2012) ‘Improper Identification Required: Passports, Papers, and Identity Formation in Jackie Kay's "The Adoption Papers"’, *Contemporary Literature*, 53:2 (Summer 2012), pp. 292-318

Pullen-Sansfaçon, A., Robichaud, M-J. and Dumais-Michaud, A-A. (2015) ‘The Experience of Parents Who Support Their Children's Gender Variance’; *Journal of LGBT Youth*; 12:1; pp. 39-63

Pullen-Sansfaçon, A., Kirichenko, V., Holmes, C., Feder, S., Lawson, M., Ghosh, S., Ducharme, J., Temple Newhook, J. and Suerich-Gulick, F. on behalf of the *Stories of Gender Affirming Care* Team (2020) ‘Parents’ Journey to Acceptance and Support of Gender-diverse and Trans Children and Youth’; *Journal of Family Issues*; 41:8; pp.1214-1236

Pullen-Sansfaçon, A., Medico, D., Gelly, M., Kirichenko, V. and Suerich-Gulick, F. on behalf of the *Stories of Gender Affirming Care* project (2022) ‘Blossoming Child, Mourning Parent: A Qualitative Study of Trans Children and their Parents Navigating Transition’; *Journal of Child and Family Studies*; 31; pp. 1771-1784

Quincy [Keira] Bell and Mrs A v the Tavistock and Portman NHS Foundation Trust and Ors [2020] EWHC 3274 (Admin); Available at: https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf [Accessed 31 May 2021]

Quincy [Keira] Bell and Mrs A v the Tavistock and Portman NHS Foundation Trust and Ors [2021] EWCA Civ 1363; Available at: https://www.judiciary.uk/wp-content/uploads/2022/07/Bell-v-Tavistock-judgment-170921.pdf [Accessed 4 October 2021]

Rahilly, E. (2015) 'The Gender Binary meets the Gender-Variant Child: Parents' Negotiations with Childhood Gender Variance'; *Gender and Society*; 29:3; pp. 338-361

Rau, A. and Coetzee, J. (2022) 'Chapter 42: Designing for Narratives and Stories' in Flick, U. (Ed.) (2022) *The Sage Handbook of Qualitative Research Design*; DOI: https://doi.org/10.4135/9781529770278 [Accessed 13 September 2024]

Re. J (A Minor) [2016] EWHC 2430 (Fam); Available at: https://www.bailii.org/ew/cases/EWHC/Fam/2016/2430.html [Accessed 31 May 2021]

Renold, E., Bragg, S., Jackson, C. and Ringrose, J. (2017) *How Gender Matters to Children and Young People Living in England*; Available at: https://orca.cardiff.ac.uk/id/eprint/107599/1/How%20Gender%20Matters.pdf [Accessed 1 August 2024]

Richardson, L. and Adams St. Peirre, E. (2005) 'Chapter 38: Writing: A method of inquiry' in Denzin, N. and Lincoln, Y. (Eds.) Sage *Handbook of Qualitative Research* (3rd ed.) pp. 959–978; Available at: https://depthpsychotherapy.pbworks.com/f/Writing+A+Method+of+Inquiry.pdf [Accessed 8 August 2024]

Riggs, D. and Due, C. (2015) 'Support Experiences and Attitudes of Australian Parents of Gender Variant Children'; *Journal of Child and Family Studies*; 24; pp. 1999-2007

Riggs, D. (2019) *Working with Transgender Young People and their Families: A Critical Development Approach*; Cham, Switzerland, Springer Nature Switzerland AG

Riggs, D., Bartholomaeus, C. and Pullen Sansfaçon, A. (2020) ‘’If they didn’t support me, I most likely wouldn’t be here’: Transgender young people and their parents negotiating medical treatment in Australia’; *International Journal of Transgender Health*; 21:1; pp. 3-15

Robb, J. (2013) *Punk: an oral history*; Oakland, California, PM Press

Robb, J. (2023) *The Art of Darkness: The history of Goth*; Manchester, Louder Than War Books

Roberts, C. (2020) ‘Puberty’ in Cook, D. (ed.) *The Sage Encyclopedia of Children and Childhood Studies*; (Vol. 4, pp. 1317-1318). SAGE Publications, Inc., Available at: https://doi.org/10.4135/9781529714388 [Accessed 13 September 2024]

Roberts, J., Pavlakis, A. and Richards, M. (2021) ‘It’s More Complicated Than It Seems: Virtual Qualitative Research in the COVID-19 Era’; *International Journal of Qualitative Method*s; 20; pp.1-13

Roche, J. (2020) *Gender Explorers: our stories of growing up trans and changing the world*; London, Jessica Kingsley Publishing

Rossman, G. and Rallis, S. (2012) *Learning in the field: An introduction to qualitative research* (3rd ed.); Thousand Oaks, CA, Sage

Sanchez-Sanchez, A., Ruiz-Munoz, D. and Sanchez-Sanchez, F. (2024) ‘Mapping Homophobia and Transphobia on Social Media’; *Sexuality Research and Social Policy*; 21; pp. 210-226

Schlehofer, M., Cortez-Regan, L. and Bush, D. (2021) ‘Experiences of Parent-Advocates of Trans and Gender Non-Conforming Youth’, *Journal of GLBT Family Studies*, 17:5, pp. 450-469

Sharpe, A. (2020) 'Will Gender Self-Declaration Undermine Women's Rights and Lead to an Increase in Harms?'; *Modern Law Review*; 83:3; pp. 539–557

Shelton, J., Dunleavy, M. and Kroehle, K. (2022) 'Chapter 10: The Transformative Potential of Transfeminist Social Work Practice'; pp. 175-187; in Cocker, C. and Hafford-Letchfield, T. (eds) *Rethinking Feminist Theories for Social Work Practice*; Available at: https://doi.org/10.1007/978-3-030-94241-0_4 [Accessed 18 August 2024]

Shuster, s. and Westbrook, L. (2024) 'Reducing the Joy Deficit in Sociology: A Study of Transgender Joy'; *Social Problems*; 71:3 ; pp. 791-809

Smith, J., Flower, P. and Larkin, M. (2009) *Interpretative Phenomenological Analysis: Theory, Method and Research*; London, Sage

Spencer-Lane, T. (2024) 'Why social worker won harassment claims against council and regulator over gender critical beliefs'; Available at: https://www.communitycare.co.uk/2024/01/17/why-social-worker-won-harassment-claims-against-council-and-regulator-relating-to-gender-critical-beliefs/ [Accessed 6 August 2024]

Spiliadis, A. (2019) 'Towards a Gender Exploratory Model: slowing things down, opening things up and exploring identity development'; Available at: https://www.researchgate.net/publication/334559847_Towards_a_Gender_Exploratory_Model_slowing_things_down_opening_things_up_and_exploring_identity_development [Accessed 9 August 2024]

Staller, K. and Chen, Y. (2022) 'Chapter 5: Choosing a Research Design for Qualitative Research: A Ferris Wheel of Approaches'; in Flick, U. (Ed.) (2022) *The Sage Handbook of Qualitative Research Design*; Available at: https://doi.org/10.4135/9781529770278 [Accessed 13 September 2024]

Stewart-Tufescu, A. (2020) ‘Discipline and Childhood’; in Cook, D. (ed.) *The Sage Handbook of Children and Childhood Studies*; Available at: https://doi.org/10.4135/9781529714388 [Accessed 5 January 2024]

Stonewall (2017) ‘‘A Vision for Change: Acceptance without exception for trans people 2017-2022'; Available at: https://www.stonewall.org.uk/vision-change [Accessed 27 September 2021]

Stryker, S. (2017) *Transgender History: The roots of today’s revolution* (second edition); New York, Seal Press

Taylor v Jaguar Land Rover Ltd. (2020) 1304471/2018; Available at: https://www.gov.uk/employment-tribunal-decisions/ms-r-taylor-v-jaguar-land-rover-ltd-1304471-2018 [Accessed 23 March 2022]

Telfer, M., Tollit, M., Pace, C. and Pang, K. (2020) ‘Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents Version 1.3’; Available at: https://www.rch.org.au/uploadedFiles/Main/Content/adolescent-medicine/australian-standards-of-care-and-treatment-guidelines-for-trans-and-gender-diverse-children-and-adolescents.pdf [Accessed 1 April 2024]

The Medicines (Gonadotrophin-Releasing Hormone Analogues) (Emergency Prohibition) (England, Wales and Scotland) Order 2024. (SI 2024 No. 727). Available at: https://www.legislation.gov.uk/uksi/2024/727/pdfs/uksi_20240727_en.pdf. [Accessed 31 May 24]

Thomas, R. (2021) ‘Poetic Juxtaposition, a Method for Connecting Data, Theory, and Everyday Texts’; *Qualitative Inquiry*; 27:5; pp. 626-636

Thomson, P., Greany, T., Cousin, S. and Martindale, N. (2023) 'Vox Poetica: bringing an arts-based research method to school leaders' lockdown experiences'; *Journal of Educational Administration and History*; 55:2; pp. 215-230

Toze, M., Willis, P. and Hafford-Letchfield, T. (2024) 'Introduction: Trans aging and care – a review of the terrain'; in Toze, M., Willis, P. and Hafford-Letchfield, T. (eds) *Trans and Gender Diverse Ageing in Care Contexts: Research into Practice*; Bristol, Policy Press; pp.1-12

TransActual CIC and YY v Secretary of State for Health and Social Care and Anor [2024] EWHC 1936 (Admin); Available at: https://www.judiciary.uk/wp-content/uploads/2024/07/Approved-Judgment-RTransActual-CIC-and-Anor-v-SSHSC-and-Anor.pdf [Accessed 29 July 2024]

Turban, J., King, D., Kobe, J., Reisner, L. and Keuroghlian, A. (2022) 'Access to gender-affirming hormones during adolescence and mental health outcomes among transgender adults'; *PLoS ONE*; 17:1; Available at: https://doi.org/10.1371/journal.pone.0261039 [Accessed 12 September 2024]

Tyler, T., Huddleston, B., Kronner, H., Calloway, E., Martin, K., Morgan, A., Aguilar, R., Wheeler, S. and Dean, D. (2023) 'Parents Responding to TGNC Children: A Qualitative Metasummary'; *Families in Society: The Journal of Contemporary Social Services*; pp. 1-22; Available at: https://doi.org/10.1177/10443894231182 75 [Accessed 13 September 2024]

United Nations (1989) 'The United Nations Convention on the Rights of the Child'; Available at: https://www.unicef.org.uk/wp-content/uploads/2019/10/UNCRC_summary-1_1.pdf [Accessed 2 August 2024]

Vincent, B. (2018) 'Studying trans: recommendations for ethical recruitment and collaboration with transgender participants in academic research'; *Psychology and Sexuality*; 9:2; pp. 102-116

Wareham, J. (2024) 'Attempt to cover up "explosion" of trans youth suicides on NHS waiting lists'; Available at: https://www.wearequeeraf.com/attempt-to-cover-up-explosion-of-trans-youth-suicides-on-nhs-waiting-lists/?ref=queeraf-newsletter [Accessed 23 June 2024]

Watson, D., Hahn, R. and Staines, J. (2020) 'Storying special objects: Material culture, narrative identity and life story work for children in care'; *Qualitative Social Work*; 19:4; pp. 701-718

Weigmann, W. (2017) 'Habitus, Symbolic Violence, and Reflexivity: Applying Bourdieu's Theories to Social Work'; *Journal of Sociology and Social Welfare*; 44:4 (December 2017); pp. 95-116

Wengraf, T. (2001) 'Chapter 6: Preparing Lightly-Structured Depth Interviews: A Design for a BNIM-Type Biographic-Narrative Interview' in *Qualitative Research Interviewing*; London, Sage Publishing; pp. 111-151

Werner, K. (2023) 'The gender gap in caring for children with medical complexity'; *Journal of Perinatology;* 43; pp. 835-836

Westwood, S. (2022) 'Can religious social workers practice affirmatively with LGBTQ service recipients? An exploration within the regulatory context'; *Journal of Welfare and Family Law*; 44:2; pp. 205-225

White, R. and Newbegin, N. (2021) *A Practical Guide to Transgender Law*; London, Law Brief Publishing

Willis, P., Almack, K., Hafford-Letchfield, T., Simpson, P., Billings, B. and Mall, N. (2018) 'Turning the Co-Production Corner: Methodological Reflections from an Action Research Project to Promote LGBT Inclusion in Care Homes for Older People'; *International Journal of Environmental Research and Public Health*; 15:4 ; pp. 695-711

World Health Organisation (WHO) (2024) 'Gender incongruence and transgender health in the ICD'; Available at: https://www.who.int/standards/classifications/frequently-asked-questions/gender-incongruence-and-transgender-health-in-the-icd [Accessed 1 April 2024]

Woodward, S. (2022) 'Chapter 47: Designing Qualitative Research Using 'Material Methods': Researching with Objects/Things'; in Flick, U. (Ed.) *The Sage Handbook of Qualitative Research Design*; Available at: https://sk.sagepub.com/reference/the-sage-handbook-of-qualitative-research-design/i5686.xml [Accessed 16 March 2024]

Appendices

Appendix A: Participant recruitment materials

Appendix 4 Participant flyer

Volunteers needed for doctoral research study with parents and carers of transgender and gender diverse young people

- Are you the parent or carer of a trans young person (from puberty to 18 years of age)?
- Are you interested in sharing your experiences?

What? Participants are being sought for a doctoral research project that aims to give space for parents and carers of trans young people to talk about their experiences. The researcher is a social worker registered with Social Work England, an academic, a doctoral student at Cardiff University and parent of a trans young person.

Who? If you meet the following criteria, you are very welcome to get in touch to find out more about this research:

- You are a parent (could be biological, step, grand, adoptive) or carer, so long as you have everyday responsibility for…
- A child from puberty to the age of 18 who identifies themselves as transgender or gender diverse in some way (including trans man/boy, trans woman/girl, non-binary or other gender diverse identities)
- You live in the UK

Participants are particularly welcomed from underrepresented groups in previous research including Black, Asian and minority ethic parents, cis men and LGBTQ+ parents.

How? The research will involve one video interview of approximately 1.5 to 2 hours which will be recorded. For more information and to express an interest in being involved, please contact the researcher as below.

Contact: Rachel Hubbard

- HubbardRA@cardiff.ac.uk

Example object

Please choose an object, photograph or something that is meaningful to you in relation to your child's gender identity that you are willing to talk about. It could be something everyday or something specifically connected to being trans or gender diverse.

The example below is something that has been meaningful to me.

This is soy sauce and chopsticks from [sushi restaurant].
This represents all the times my family travelled to the specialist young people's gender endocrinology clinic for appointments. After each appointment we went to [sushi restaurant]. These appointments were always exhausting. We would emerge, emotional and hungry for our inari tacos, cucumber maki, don buri and katsu curry.
This particular branch of [sushi restaurant] witnessed tears of both despair and joy. Despair when yet more barriers were erected to our child getting the medical intervention they needed and joy when eventually, one by one, each of these barriers were dismantled. Going for sushi became an important bonding experience where we would rebuild our child's confidence, share our frustrations and find humour in the obstacles that kept being put in our way.

Please ensure that if you decide to use an object or photograph during this interview that:

- You do not use a photograph of your child
- You do not use anything from a confidential source e.g. your child's medical records
- The object will not make you or your family recognisable

Please note that I will ask you to hold the object/picture up to the camera during the recording so it is visible to the camera and will be recorded and described for the interview transcription.

Appendix B: Interview topics image

For copyright reasons, the image used as a prompt during the interview is not provided here so instead a text description of the image prompt is below.

Composite image of nine boxes comprising:

- Top row (left to right): box containing social media logos – TikTok, Snapchat, Instagram, Twitter and Facebook, blue sky with white clouds and front pages of British newspapers, including the Times, Daily Mail, the Guardian, The Sun and i
- Middle row (l to r): NHS logo, wooden letter tiles spelling the word “support” and black and white image of scales
- Bottom row (l to r): question mark drawn on board in white chalk, hands holding the word “future” up in sunlight and horizontal blocks of pastel blue and pink

Appendix C: Ethics application and revisions

Research Proposal

'Hearing the voices of parents of transgender and gender diverse young people – an exploratory research project into the experiences of parents supporting trans youth'

Student name: Rachel Hubbard

Project summary

In the public realm, transgender (or trans) and gender diverse (TGGD) people are increasingly visible, in the media, in political discourse, in schools, health care, court rooms and in families and communities. The identities of those whose gender does not match how they were assigned at birth are debated and questioned. In the UK the rights of TGGD young people to medical care have been challenged in the Bell v Tavistock court case, TGGD people of all ages have been left out of the planned ban on lesbian, gay and bisexual conversion therapy, trans identities are talking points in the current Conservative party leadership process and in the US some states have banned medical intervention for TGGD young people and even made parents who support their trans child subject to child protection investigations. TGGD youth (from puberty to 18) are often portrayed as objects of concern and their parents as enabling and indulging a childhood fad or whim. This is particularly the case where medical transition is involved. Although evidence suggests that many people are supportive of TGGD young people's identities this is by no means consistent in a context where trans hate crime is increasing.

Evidence suggests that minority stress and trauma impacts not just the mental health of TGGD young people but their families as well and support from parents and those caring for them is often crucial to improving or sustaining trans young people's wellbeing. Vincent (2018) notes a previous tendency that 'most research on transgender people … was by clinical researchers' (p105) which tended to pathologise TGGD identities as requiring medical intervention rather than affirmation and validation. From my review of the existing literature, this has also applied to prior research with the parents and carers of TGGD young people. As a social work academic, I value the voices of people with lived experience and, as a researcher, I value participatory methods that explicitly centre these rather than more powerful voices, such as clinicians and academics. I recognise that to enable wider understanding of the realities of TGGD experiences, the voices of those who are experiencing the impact of the current hostile climate need to be heard. This means hearing from parents and carers themselves, particularly those who are supportive of their child's diverse gender identity.

This exploratory research project for my Professional Doctorate in Social Work thesis aims to centre these parents' views and experiences. Creative methods, such as participant-chosen object-elicitation and narrative interviews, will be used to enable parents to explore their experiences during an in-depth interview. These will consider how parents support their child's gender identity, how they negotiate everyday life, how they manage the public narrative regarding trans people and navigate criticism, access support for themselves and their child, what support they value and what they hope for the future.

I will approach organisations that support parents of TGGD young people and parent-run online groups in the UK for participants. I am the parent of a TGGD young person and a member of a number of relevant organisations and groups and will share this experience in order to build confidence for the organisations and groups in my motives as a researcher and to allow access to their members.

Data will be collected via online interviews with parents and carers of TGGD young people (from puberty to 18 years) held on Teams that will be recorded and transcribed. A topic guide of question prompts for the researcher will be developed to add structure to the interview where needed. Parents will be offered the option, where relevant, to be interviewed together as a couple or separately.

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Vincent, B. (2018) 'Studying trans: recommendations for ethical recruitment and collaboration with transgender participants in academic research'; *Psychology and Sexuality*; 9:2; pp. 102-116

Research questions

1. To what extent has public discourse in the media (including TV, radio, newspapers and social media), politics and social contexts (such as family, community and institutions such as schools) on TGGD lives affected the parents and carers of TGGD young people in the UK?
2. How have law, policy and guidance in the UK affected the parents and carers of TGGD young people?
3. How have experiences of healthcare and wellbeing impacted on the parents and carers of TGGD young people?
4. What support do parents and carers of TGGD young people seek and what do they most value?

5. How might parents and carers of TGGD young people envisage the future for both themselves and their child?

SCHOOL OF SOCIAL SCIENCES

APPLICATION FOR ETHICAL REVIEW

For Office Use Only	
SREC Reference:	Meeting/Review Date:

SECTION 1. GENERAL INFORMATION	
Application Type:	☐ Staff ⃠ PGR student
Research Project Title:	Hearing the voices of parents of transgender and gender diverse young people – an exploratory research project into the experiences of parents supporting trans youth
Short Title (where applicable):	
For Staff Projects	
Name of Chief/Principal Investigator:	N/A
Contact details:	
Other members of research team:	
For Student Projects	
Name of Student:	Rachel Hubbard
Contact details:	HubbardRA@cardiff.ac.uk
Name of Supervisor(s):	EJ Renold and Kelly Buckley
Contact details:	• Renold@cardiff.ac.uk • buckleyk3@cardiff.ac.uk

Other members of research team:	N/A

SECTION 2. SCREENING QUESTIONS			
		Yes	No
2.1	Is the research project categorised as 'Research' (as defined in the Cardiff University Policy on the Ethical Conduct of Research involving Human Participants, Human Material or Human Data (Ethics Policy))? *If no (i.e. the research project is a Service Evaluation or Audit), the Committee is not required to conduct a review of the proposal but may choose to do so. Please contact socsi-ethics@cardiff.ac.uk to seek advice before proceeding with this application.*	X	
2.2	Does the research project involve human participants, human material or human data (as defined in the Ethics Policy)? *If no, you are not required to submit the research proposal to this Committee.*	X	
2.3	Does the research project require review by an external ethics committee (refer to Appendix 1 of the Ethics Policy)? Please note that this includes all research projects involving participants who lack the capacity to consent. *If yes, the research project should be submitted to the relevant external ethics committee for review and does not fall within the remit of this Committee. Please contact the Research Governance Team for further advice. Please do not continue with this application.*		X
2.4	Has the research project been ethically reviewed by another university or research institution (for example, where the Chief/Principal Investigator for the research project is based at another institution)? *If yes, please provide evidence of the review conducted (such as an outcome letter or communication) and the ethical review policy of the relevant institution or committee. Please do not continue with this application*		X
2.5	Is the research project exempt from ethical review under the University's framework for the 'Ethical Review of Research using Secondary Data and/or Publicly Available information only'? This framework allows certain research projects using only secondary		X

	data and/or publicly available information to proceed without ethical review by a SREC provided certain conditions are met. Please note, this framework does not cover social media data (e.g. projects utilising social media data will need to be reviewed by the SREC). If you have any queries in this area that are not addressed by the Framework, please contact resgov@cardiff.ac.uk. Please note, projects utilising social media data will still need to be reviewed by the SREC. *If yes,* you are not required to submit the research proposal to this Committee. Please do not continue with this application. If in doubt, please seek advice from the *socsi-ethics@cardiff.ac.uk*.		
2.6	Does the research project fall within the scope of the UK Policy Framework for Health and Social Care Research? This Framework broadly applies to research taking place within, or involving, the health and social care systems. *If yes, you will need to apply to the Research Governance Team for Sponsorship using the Advanced Project Information Proforma (APIP) (available on the Cardiff University intranet). The Research Governance Team will advise you on the approvals that are required for the research project after it has conducted a review of the APIP and supporting documentation. Please do not continue with this application until you have sought advice from the Research Governance Team.*		X
2.7	Does the research project involve the collection or use of Human Tissue (including, but not limited to, blood, saliva and bodily waste fluids)? *If yes, the research project should be submitted to the Human Tissue Act Compliance Team (HTACT) prior to submission to an ethics committee. Please note that submission of a research protocol/proposal to HTACT is essential for all projects involving the collection or use of Human Tissue. Please do not continue with this application until you have sought advice from HTACT.*		X
2.8	Does the research project fall within the scope of the University's Security-sensitive Research Policy? This Policy broadly applies to research involving terrorism, extremism or radicalisation (or access to materials of such a nature). *If yes, you must register the research in accordance with the Policy and comply with the IT and security arrangements contained in the Policy.*		X

2.9	Has the research project received appropriate peer/scientific review? • Student applications – Academic supervisors act as the peer/'scientific' review. • Staff applications - A variety of mechanism exist to facilitate 'scientific'/peer review for staff projects, these include: ○ 'Scientific'/peer review via tendering/commissioning process ○ 'Scientific'/peer review by internal research group and research centre processes (where relevant) ○ Discussion of concepts/ideas with colleagues, during Performance Development Reviews (PDRs) (or similar) ○ Requesting support for development of an idea from the Direct of Research. Applicants should confirm the form of 'scientific'/peer review that has been secured for their application. The SREC will not require evidence of such review to be submitted as standard; however, it reserves the right to request this evidence as felt appropriate to the SREC Chair (this is on a case-by-case basis or as part of an ongoing monitoring process for submitted applications – e.g. where concerns are held that the quality of the research poses considerable ethical challenges, periodic spot checks, etc.). Please refer to the SOCSI SREC guidance on 'peer and scientific' review, or contact socsi-ethics@cardiff.ac.uk for more information. *If no, please obtain appropriate peer/scientific review before submitting the application to this Committee.*	X	
2.10	For Staff and Postgraduate Research (PGR) students - Have you and all other Cardiff University co-applicants/ /Supervisors/Members of the research team (as listed in Section 1) completed the University's Research Integrity Online Training Programme? Completed 15/7/22 – certificate attached with application. *If no, you must complete the training before submitting the application to this Committee.*	X	

If the research project involves the use of animals, please contact the Cardiff University Biological Standards Office bso@cardiff.ac.uk to seek further advice.

SECTION 3. PROJECT SUMMARY

3.1	Summarise the research project (including the purpose and its methodology) using language that would be understood by a lay person.

In the public realm, transgender (or trans) and gender diverse (TGGD) people are increasingly visible, in the media, in political discourse, in schools, health care, court rooms and in families and communities. The identities of those whose gender does not match how they were assigned at birth are debated and questioned. In the UK the rights of TGGD young people to medical care have been challenged in the Bell v Tavistock court case, TGGD people of all ages have been left out of the planned ban on lesbian, gay and bisexual conversion therapy, trans identities are talking points in the current Conservative party leadership process and in the US some states have banned medical intervention for TGGD young people and even made parents who support their trans child subject to child protection investigations. TGGD youth (from puberty to 18) are often portrayed as objects of concern and their parents as enabling and indulging a childhood fad or whim. This is particularly the case where medical transition is involved. Although evidence suggests that many people are supportive of TGGD young people's identities this is by no means consistent in a context where trans hate crime is increasing.

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access support for themselves and their child, what support they value and what they hope for the future.

I will approach organisations that support parents of TGGD young people and parent-run online groups in the UK for participants. I am the parent of a TGGD young person and a member of a number of relevant organisations and groups and will share this experience in order to build confidence for the organisations and groups in my motives as a researcher and to allow access to their members.

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Vincent, B. (2018) 'Studying trans: recommendations for ethical recruitment and collaboration with transgender participants in academic research'; in *Psychology and Sexuality*; 9:2; pp. 102-116

3.2	State the research question(s).

1. To what extent has public discourse in the media (including TV, radio, newspapers and social media), politics and social contexts (such as family, community and institutions such as schools) on TGGD lives affected the parents of TGGD young people in the UK?
2. How have law, policy and guidance in the UK affected the parents of TGGD young people?
3. How have experiences of healthcare and wellbeing impacted on the parents of TGGD young people?
4. What support do parents of TGGD young people seek and what do they most value?
5. How might parents of TGGD young people envisage the future for both themselves and their child?

3.3	Estimated start date.

Mid-September 2022

3.4	Estimated end date (usually the end of data collection).

March 2023

3.5	Is the research project funded? *If yes, please name the funding body.*

No			
3.6	Are there any potential conflicts of interest? *If yes, please confirm the action you propose to take to address such conflicts.* *Information and guidance on conflicts of interest is contained in the Research Integrity Online Training Programme and the Research Integrity and Governance Code of Practice.*		
Yes – I am a parent of a TGGD young person. There is a risk that my views and experiences might influence my decision-making in relation to my research. I plan to ensure that I am aware of this and address any issues via use of a reflexive journal and ongoing discussion with my supervisors.			
SECTION 4. FULL REVIEW CRITERIA			
Your answers to the questions in this Section 4 will help the Committee determine whether your project requires full or proportionate review. If all 'No' boxes apply, your project may be considered for proportionate review. If a 'Yes' box applies, your project will proceed to full review.			
		Yes	No
4.1	Will the research project be performed without the participants' prior consent?		X
4.2	Does the research design include an element of deception, including covert research?		X
4.3	Will the research project involve children under the age of 18 or 'at risk' (vulnerable) adults or groups? *The Cardiff University Safeguarding Children and Adults at Risk: Policy and Guidance sets out examples of 'at risk' or 'vulnerable' adults.*		X
4.4	Does the research project include topics which may be considered highly sensitive for participants? *This includes sexual behaviour, illegal activities, political, religious or spiritual beliefs, race or ethnicity, experience of violence, abuse or exploitation, and mental health.*	X	
4.5	Does the research project require access to records of a sensitive or confidential nature, including Special Category Data? *Special Category Data is defined in data protection legislation and currently includes information about an individual's: racial or*		X

	ethnic origin; political opinions; religious beliefs; trade union membership; physical or mental health; sexual life or orientation; commission of offences or alleged offences; genetic data; and biometric data.			
4.6	Is permission of a gatekeeper required for initial or continued access to participants? I will need permission from those running the organisations/groups I intend to contact in order to access potential participants. *This includes participants in custody and care settings, or research in communities where access to research participants is not possible without the permission of another adult, such as another family member or a community leader*.	X		
4.7	Does the research project involve intrusive or invasive procedures? *This includes the administration of substances, vigorous physical exercise, procedures involving pain or more than mild discomfort to participants (including the risk of psychological distress, discomfort or anxiety to participants).*		X	
4.8	Does the research project involve visual or audio recordings where participants may be identified?	X		
4.9	Does the research project involve the collection or use of human tissue?		X	
4.10	Does the research project involve more than a minimal risk of harm to the safety and wellbeing of participants and/or the Researchers? *Please answer this question based on your assessment of the risks involved in this project. Further information about possible harm or potential risks to participants/researchers must be provided in Section 7 of this form*.	X		
SECTION 5. PARTICIPATION AND RECRUITMENT				
5.1	How will you identify and recruit participants to the research project?			
Participants will be recruited via advertising within voluntary organisations that support trans young people and their families (such as on the Mermaids parents forum and Gendered Intelligence) and parent-organised online groups of supportive parents and carers (e.g. in private groups on Facebook). These are groups that parents will have actively sought for information and advice and will usually have been vetted by				

the organisation or group before they can access online forums, in-person support etc. Snowballing will also be used to enable access to further groups when trust can be established in the researcher's credentials. I will use my personal Facebook account so the participants are clear who is approaching them and I can refer to others who know me in these forums for verification of my identity. My Facebook account has significant limitations on who can access my posts and those who I am already connected to cannot see my activity on private groups. I will contact the admins of the groups I am a member of to explain my research and ask for their permission to post my flyer and Cardiff University contact details (e.g. Cardiff University email).

The flyer (Appendix 4) will be provided with the researcher's Cardiff university email address for interested participants to make contact. At that initial contact, prospective participants will be sent the Participant Information Sheet (Appendix 1), consent form survey link (Appendix 2) and asked to complete this if they are interested in continuing to the interview. Demographic data (e.g. gender identity, sexual orientation, ethnicity, relationship to child) will also be collected at initial contact (Appendix 3) and linked to the participant via the pseudonym agreed with the interested person at initial contact.

5.2	How many participants are you aiming to recruit? *If applicable, please include a breakdown of participants by type and number*.

I aim to recruit 10 parents for interviews.

Where possible, I would like to recruit those that do not fit the usual participant demographics for research of this kind e.g. those that are not white, heterosexual, cis women in order to allow space for intersectional difference in the data. The flyer (Appendix 4) includes a statement that encourages participation from underrepresented groups in previous research e.g. black, Asian and minority ethnic parents, cis men, LGBTQ+ parents. If more than 10 parents express an interest in participating, priority will be given to recruiting a diverse sample based on information given on the demographics form (Appendix 3).

Adams et al. (2017) suggest online research is 'strongly correlated with overwhelmingly white and highly educated samples' (p169) which is likely to make recruiting a more diverse sample challenging however this will be balanced with the researcher's limited time, lack of funding and the benefits of the ability to conduct interviews across the UK by recruiting and interviewing online.

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Adams, N., Pearce, R., Veale, J., Radix, A., Castro, D., Sarkar, A. and Thom, K. (2017) 'Guidance and Ethical Considerations for Undertaking Transgender Health Research and Institutional Review Boards Adjudicating this Research'; in *Transgender Health*; Vol 2.1; pp165-175

5.3	What are the inclusion and exclusion criteria for participants?

To be included in the study, parents or carers will be responsible for the care of young people (from puberty to 18) who identify themselves as transgender or gender diverse. This could include those with a binary identity (such as trans boy/man or trans girl/women) or non-binary identity (such as genderqueer, gender diverse, gender fluid etc.). Parents could be biological, step, grand or adoptive so long as they have ongoing parental responsibility for their TGGD child's care. If carers without legal responsibility for the child express interest e.g. foster parents these will be considered on a case by case basis in relation to their ongoing contact with the child. Parents and carers can be of any gender or sexual orientation but must reside within the UK.

Parents known to the researcher prior to the recruitment process will be excluded from the study in order to reduce the likelihood of bias as will those who lack mental capacity to consent to being involved in this research.

Selection criteria if over the required numbers, in relation to demographics, will be applied as set out in 5.2.

5.4	Will the research project involve participants that are Cardiff University staff or students or clients of the University (or the place in which you may otherwise work)? *If applicable, please provide details*.

No

Questions 5.5 to 5.7 only need to be answered for projects that involve children under the age of 18 or 'at risk' (vulnerable) adults or groups (e.g. if you have answered 'Yes' to Q4.3 you will need to answer Q5.5 to 5.7)

5.5	You must consult the University guidance on safeguarding children and at risk (e.g. 'vulnerable') adults. Please identify how you would respond to any concerns you may have for the welfare of a child or adult at risk of abuse or neglect.

Although I will not be interviewing children or adults at risk directly as part of this research, as noted in Section 7.1, there is a chance that parents' involvement in the research could pose a risk to their child through being identifiable. Measures to be taken in terms of anonymising the parent participants as well as their children will be taken as set out in Section 7.1.

If any information comes to light during data collection that suggests a risk to children or adults at risk this will be reported to the relevant authorities in line with Cardiff University Safeguarding Children and Adults at Risk policy (2021). As a social worker registered with Social Work England (registration number: SW54923), I have a professional responsibility to safeguard those I work with from harm, to uphold public confidence in the social work profession as a whole. I also have practice experience in working with adults at risk and acting to protect from harm, as necessary.

5.6		Yes	No

	Does your project involve one-to-one and/or other *unsupervised* research with children (e.g. those aged under 18 years) or adults at risk (e.g. 'vulnerable' adults)?		X	
	If your project involves only *supervised* contact with children (e.g. those aged under 18 years) or adults at risk (e.g. 'vulnerable' adults), you should consult the head of the institution where you are undertaking your research to establish if you need a Disclosure and Barring Service (DBS) Check. Have you been advised that a DBS check is needed? As I will not directly be interviewing children or adults at risk, a DBS check is not necessary.		X	
5.7	If you have answered 'Yes' to either Q5.5 or Q5.6, please identify if an existing DBS has been secured through Cardiff University, or a relevant research partner (please specify if this is the case), OR whether an application for a DBS is pending. Where a DBS is pending, no data collection should take place until the DBS has been received and reviewed in line with University and School processes and panels. *Please consult this guidance for information about when a DBS is needed, and what type of DBS should be requested. The SREC does not see DBS checks, but may cross reference information about DBS checks with HR (for staff) and relevant review panels (for students) to validate that DBS certificates have been secured and appropriately assessed.* *For projects with multiple researchers, the Chief/Principal Investigator is responsible for ensuring that: (i) DBS checks are secured in line with Cardiff University policies and procedures; and (ii) that appropriate records of this are kept. The SREC may request conformation that DBS have been secured at any point in the ethical application or research process.*			
N/A				
SECTION 6. CONSENT PROCEDURES				
6.1	Will informed consent be obtained from participants? If so, how? *Please include who will be taking consent, how consent will be recorded, when participants will be provided with information about the research project, and how long potential participants will be given to decide whether to take part.*			
All participants will be adults and involvement in the research will take place on the basis of informed consent. Each parent expressing an interest in being involved in this research will contact the researcher via their Cardiff University email and will receive a Participant Information Sheet (Appendix 1) setting out the nature of the research, what data will be collected and used for, how it will be stored and their options for				

withdrawal. If they agree they will be asked to complete the consent process (Appendix 2) and demographics survey (Appendix 3) which will be hosted via separate online surveys using the Cardiff University approved Online Surveys tool. They will have a week to decide whether they want to be involved or not and will have the option to speak to the researcher if they want to clarify anything before giving their consent. They will be reminded at the beginning and end of the interview of their voluntary involvement, their ability to refuse to answer questions and options for withdrawal, if they choose.		
6.2	Will participants be offered any incentives to take part in the research project?	
No		
6.3	If a questionnaire is to be used, will you give participants the option of omitting questions they do not wish to answer?	
N/A		
6.4	Will participants be informed that their participation is voluntary and that they may withdraw at any time and for any reason?	
Yes – see 6.1, Participant Information Sheet (Appendix 1) and consent form (Appendix 2). Participants will be aware that their involvement is voluntary and that they can cease involvement before or during the interview and withdraw their data within two weeks from the interview date without needing to give a reason.		
SECTION 7. POSSIBLE HARM TO PARTICIPANTS/RESEARCHERS		
7.1	Is there is a risk of the participants experiencing physical, emotional or psychological harm or distress*? If yes, please provide details of how ethical issues will be handled and how any risks will be minimised. Please consider whether the research project includes topics which could be considered as highly sensitive for participants*.	
Yes, there is the potential for emotional harm and distress as a result of this research. Their child's gender identity can be an emotional subject for parents in and of itself. There is also the risk of physical, emotional and psychological harm from others if they become aware of the child's diverse gender identity and the parent's support of this from family, community and in the media. Abuse and harassment is not unusual for TGGD people. Though parents may not themselves be TGGD, they can also be subject to abuse and the risk that their child may be identifiable from their parent's data cannot be ignored. As a result of the hostile context that parents of TGGD young people find themselves, there may be understandable reluctance to engage with research that may identify them or may present them in a critical light. Establishing the credentials of the researcher as an "insider" with relevant personal experience and a		

track record of supportive public statements (e.g. Let's Talk Social Work podcast – link provided on Participant Information Sheet Appendix 1) may encourage the involvement of participants.

Therefore, high standards in anonymisation in the collection, storage and presentation of data is required. Names of participants on recordings will be replaced by pseudonyms of the participants choosing once the recordings have been transcribed and stored with demographic information, such as gender, sexuality, nature of relationship to child and ethnicity (Appendix 3). Data will be presented in a form that limits identifying information such as using pseudonyms only when necessary to identify individual participants and only using demographic information when relevant to discussion. Composite case studies to represent typical circumstances may also be used to remove closer identification of individual experiences. Images of the objects or photographs used during the interview will be stored and may be included in publication of this research, with the participants permission.

Participants will be asked not to use a photograph of their child or anything that is likely to make them identifiable. Participants will be asked to hold the object up to the camera so this can be recorded and a description included in the transcript. This visual data will be stored in the same way as the other data gathered during the interviews.

Participants will also be signposted to sources of support for any issues that may arise during the course of the interview or distress experienced (See Appendix 1a). Participants will be reminded during the interview, if evidently distressed that their involvement is voluntary and they can withdraw if they choose.

7.2	Is there a risk of the Researcher(s) experiencing physical, emotional or psychological harm or distress? *If yes, please provide details of how ethical issues will be handled and how any risks will be minimised*.	

Yes, as a parent of a TGGD child myself there is a likelihood that the stories I hear from parents could cause me anxiety or distress. Pearce (2020) suggests ways to address this potential for trauma in fieldwork including by operating reflexively and seeking the support of my research community. I will make use of informal support from peers, my reflexive journal, doctoral supervision and, if necessary, therapeutic support e.g. via Cardiff University's Counselling and Wellbeing service.

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Pearce, R. (2020) 'A Methodology for the Marginalised: Surviving Oppression and Traumatic Fieldwork in the Neoliberal Academy'; in *Sociology*; Vol. 54(4); pp. 806-824

7.3	Health and safety - It is your responsibility to complete health and safety assessments as relevant for your research. The information asked in questions 7.3, 7.4 and 7.5 focus on how health and safety factors may impact on your study from an ethical standpoint (they do not serve to replace any health and	

	safety assessments/processes as required by Cardiff University policies/procedures or legislation). Please identify how you have considered the health and safety implications of your research from an ethical perspective. This should include consideration of any fieldwork/data collection process(es) and environments. In making this assessment, you should consider the following: • Hazard: source, situation or act with the potential for harm in terms of human injury and / or ill health. • Aspect: element of an activity or product that has the potential to impact on the environment in which the research is being conducted. • Risk (assessment): likelihood of an occurrence of a hazardous event and the severity of injury / ill health as a result of the event. • Control measure: measures put in place to reduce the risk of harm to as low as reasonably practical in line with the hierarchy of controls. *More information about health and safety risk assessments can be found in the Intranet. (For Students health and safety risk assessments can be found on the intranet) If your project involved high levels of risk (see below); overseas travel/work; exposure to/or use of chemicals; research in laboratory environments; or other hazardous/dangerous environment/working environments; then you submit additional risk assessments may be needed. Information provided here may be reviewed the Schools Health and Safety Officer (or another delegated persons/committees). The SREC Chair may also ask for further clarity regarding risk assessments. Note, any ethical review would be conditional upon you ensure that appropriate health and safety risk assessments have been completed and appropriately reviewed/signed off as appropriate.*	
Hazard: As identified in Sections 7.1 and 7.2 there are risks of emotional harm to participants, their families and the researcher in relation to being identifiable as the supportive parent of a trans child, being a trans child or as a researcher who is also a parent hearing possibly distressing experiences of other parents and trans young people. There is also the risk of a disclosure of abuse that may require a safeguarding response. The interviews are likely to be lengthy so short breaks are planned to reduce the health impact of lengthy screen time. Aspect: The identifiability of the data from individual parents and therefore their children is a potential risk when data is presented. The researcher may find the stories the participants tell distressing or anxiety provoking in relation to their own experiences as a parent. Risk: Considering the small size of the sample and the limited range of public awareness for academic publications the likelihood of harm occurring is low, although		

if the participants and their families were to be identified there would be risk to their mental wellbeing. The severity of this risk depends on the nature of the response of those who had identified them. The likelihood and severity of the harm to the researcher depends on the nature of the stories participants tell.

Control measures: anonymising the participants through the use of pseudonyms when quoting parents, only using demographic data when directly relevant to the parent's views being presented and possibly the use of composite case studies to present narratives while obscuring individual experiences are all measures available to reduce the risk of these parents and their families being identified from the presentation of this research. The researcher will write a reflective journal after each interview and will include any concerns about their own wellbeing and report and significant concerns as part of ongoing conversations with their supervisors. Any disclosures that require a safeguarding response will be dealt with via the measures outlined in Sections 5.5 to 5.7.

7.4	Where relevant, please identify what arrangement exist for the monitoring and review of health and safety concerns. *This primarily related to longitudinal, multi-stage projects or 'evolving' research projects where periodic reviews of health and safety arrangements may be needed*.

N/A

7.5	Please identify what actions would be taken in the event of accident or emergency. *For example, emergency contacts (updated on SIMS (students) or via HR (staff) would be contacted*.

The main risks identified are emotional so if there is any sign that the conversation within the interview is causing distress to any of the parties involved then the researcher will cease the interview. They will ask the participant/s if they wish to cease the interview and whether outside support - whether formal e.g. counselling support via the organisations listed on the Participant Information Sheet (Appendix 1) or informal e.g. find a friend or family member to offer support - is required. The participant will be reminded that they can withdraw from the research process if they wish, without judgement.

SECTION 8. DATA MANAGEMENT, CONFIDENTIALITY AND DATA PROTECTION	
8.1	How, and by whom, will data be collected?

Data will be collected via online narrative interviews that are planned to take 1.5 to 2 hours, not including short breaks.

Each interview will begin with either:

- The participant explaining a day in their life in relation to their experience of raising their TGGD child or;
- Sharing stories or experiences about an object or picture they have brought that has meaning in relation to parenting their TGGD child (example object included in Participant Information Sheet Appendix 1)

The rest of the interview will be structured according to an adapted Biographical Narrative Interpretive Method (BNIM) interview schedule (Wengraf, 2001) including active listening, noting topics and keywords in relation to the participant's narrative that can then be used as prompts for further exploration. An example topic guide will be uploaded after the interview method has been piloted and before fieldwork begins.

The researcher will be the sole person conducting interviews. The researcher will conduct these interviews in their workplace office which they are the sole user of with a lockable door so this conversation can be private. Participants will be asked in the Participant Information Sheet (Appendix 1) to consider where they would be most able to conduct this interview confidentially and as free from interruption as possible. The interviews will take place via Cardiff University Microsoft Teams and recorded via Teams. These recordings and subsequent transcripts as well as consent forms, demographic data and contact information will be stored on Cardiff University's secure OneDrive, in accordance with Cardiff University's data protection requirements.

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Wengraf, T. (2001) 'Chapter 6: Preparing Lightly-Structured Depth Interviews: A Design for a BNIM-Type Biographic-Narrative Interview' in *Qualitative Research Interviewing*; London, Sage Publishing; pp. 111-151

8.2	Will you be accessing or collecting Personal Data (identifiable personal information) as part of the research project? *If yes, please confirm what data will be accessed and/or collected (including details of the information participants are asked to provide on a written consent form) and by who.* *Note: If your project involves Personal Data, you are advised to review the University's GDPR Guidance for Researchers and to check whether your project requires, or would benefit from, the completion of a Data Protection Impact Assessment (DPIA). It is not the role of the SREC to review or advise on DPIA's, but if you have completed one, please confirm this below. For further advice, please refer to the 'DPIA' intranet page or contact complianceandrisk@cardiff.ac.uk.*

In addition to the information included on the consent form (Appendix 2) and the demographic information (Appendix 3), I will be collecting data in relation to parent's views and experiences regarding their child's gender identity. This may also include reference to

the child's mental and physical health, their own and their child's sexuality and other personal subjects. See S7.1 regarding measures planned to anonymise data.	
8.3	How long will you retain the Personal Data collected in connection with the research project? Please also explain any data deletion arrangements. *Note: Research records and data must be retained for the period specified in Section 2.9 ('Research Project Conduct') of the University's Research Records Retention Schedule. If identifiable information is being collected, researchers must ensure that this is limited to the information necessary to achieve the relevant purpose (data minimisation). The University expects raw data containing identifiable information (questionnaires and audio tapes for example) to be retained for the full retention period unless: (1) the identifiable information is not required to support the research or to demonstrate good research conduct; and (2) stringent measures have been taken to verify and ensure the integrity of any anonymised or pseudonymised records/data produced from the raw data. Where (1) and (2) apply, the researcher must take the necessary steps to remove the personal data. Consent Forms must be retained for the full retention period.* *Please note that where UG and PGT projects do not contribute to a publication or wider research project, research records and data may be held for a shorter period. Please refer to the guidance notes in Section 2.9 of the University's Research Records Retention Schedule for further detail.*
Personal data collected will be stored for 5 years or 2 years post-publication in line with GDPR and Cardiff University policy.	
8.4	What efforts will be made to anonymise the data collected (where possible)?
See S7.1 regarding measures planned to anonymise data.	
8.5	Are you proposing to utilise 'public task' as the lawful basis for processing Personal Data for the purposes of the research project (as recommended in the University's GDPR Guidance for Researchers)? *If no, please explain why and what alternative lawful basis you propose to use.*
Yes - this research is taking place because it is in the public interest.	
8.6	Have you utilised/incorporated into your Participant Information Sheet the following sections from the University's template Participant Information Sheet: *'What will happen to my Personal Data'* and *'What happens to the data at the end of the research project?'*

	If no, please explain why this has not been used and how you have otherwise ensured that the relevant data protection/privacy information has been provided to participants.
Yes.	
8.7	For how long will the collected anonymised data be retained? Please also explain any data deletion arrangements. *Note: Anonymised research data must be retained for the period specified in Section 2.9 ('Research Project Conduct') of the University's Research Records Retention Schedule. Please note that where UG and PGT projects do not contribute to a publication or wider research project, research records and data may be held for a shorter period. Please refer to the guidance notes in Section 2.9 of the University's Research Records Retention Schedule for further detail*.
Personal data including recordings, transcripts, consent forms and demographic information collected will be stored for 5 years or 2 years post-publication in line with GDPR and university policy.	
8.8	Who will have access to the data?
The researcher and their doctoral supervisors.	
8.9	Will the data be shared in any way, for example through deposit in a data repository, with third parties, or a transcription service?
No – the raw data will not be available to any third parties. The researcher will transcribe the interviews themselves and only anonymised data will be shared within the researcher's doctoral thesis submission or potential future publication e.g. in academic journals.	
8.10	How and where will the data be stored? *Please note, personal laptops (even password protected) stored in personal accommodation are not acceptable. Storage on University network and the use of encrypted devices is required*.
Data including consent forms, recordings, transcripts, demographic information and any other identifying material will be stored on Cardiff University OneDrive. Recordings of video interviews will be generated within Cardiff University OneDrive and Teams so raw data will not be available or accessed outside of this secure setting.	
SECTION 9. OTHER ETHICAL CONSIDERATIONS	

9.1	Please outline any other ethical considerations raised by the research project and how you intend to address these. You are obliged to bring to the attention of the SREC any ethical issues not covered in this Ethics Review Application Proforma.
None further identified.	

SECTION 10. SUPPORTING DOCUMENTS

Please read the following information carefully:

- Research documents (e.g. consent forms and information sheets) - Copies of these should be attached with your application. Please make sure to pay specific attention to ensuring details around GDPR are incorporated into these documents. If these are draft copies then you must indicate this in your application form.
- Data collection tools (e.g. surveys, interview schedules, etc.) - You are welcome to submit draft versions of data collection tools; however, it is also permissible to provide detailed descriptions of these in your application form (e.g. you do not have to include these with your application).
- Additional - We appreciate that for some research there is not a clear distinction between research documents (e.g. information sheets, consent forms, recruitment materials, etc.) and data collection tools (e.g. surveys/questionnaires, interview schedules, etc.), in these instances please provide as much information as possible in your application.

Please note, for all projects you MUST submit the final versions of all participant-facing documents prior to any data collection taking place. These can be submitted via the submission portal (https://forms.office.com/r/LepLH2fG27). You must also provide copies of any documents that are amended. Note, the SREC does not intend to routine review final version of research documents.

In some instances, the SREC may ask for copies of research documents and/or data collection tools as part of the review process.

10.1	Please provide a details research documents and data collection tools that you are planning to use in the course of your research				
Research document/data collection tool		Document attached?			Version no. (if applicable
		Yes	No	N/A	
A	Research Project Protocol/Proposal	X			
B	Recruitment Adverts/Invitation Letters	X			
C	Participant Information Sheet	X			

D	Consent Form	X			
E	Data Collection Tool(s)	X			
F	Other participant communications (e.g. debrief sheets, etc.)			X	
G	Evidence of Research Integrity training completion (Staff and PGR ONLY)	X			
H	*Applicant to list any additional documents provided to the SREC, particularly any additional documents relevant to recruitment, consent, participation, etc.*				
10.2	If you have selected 'No' for any of the documents listed above, please confirm why these have not been provided, and provide a detailed description of the document(s) (e.g. making it clear what is being covered, who the documents will be used with, etc.) If a listed document is not relevant to your project, please confirm this below.				
General topic guide for interview priorities to be prepared and submitted once the interview method has been piloted, although this will just be used as a prompt as the proposed interview method determines that further questions are developed within each interview based on participant responses.					
SECTION 11. SIGNATURES AND DECLARATIONS					
Applicant declaration I confirm that: a. The information in this form is accurate to the best of my knowledge and belief and I take full responsibility for it. b. I have the necessary skills, training and or/expertise to conduct the research project as proposed. c. I am familiar with the University's health and safety requirements and policies and that all relevant health and safety measures have been taken into account for the research project. d. I am familiar with, and will comply with, the University's Policy on the Ethical Conduct of Research involving Human Participants, Human Material or Human Data and the University's Research Integrity and Governance Code of Practice. e. The relevant equality and diversity considerations have been taken into account when designing the research project.					

f. If the research project is approved, I undertake to adhere to the research project protocol, the terms of the full application as approved and any conditions set out by the Committee and any other body required to review and/or approve the research project.

g. I will notify the Committee and all other review bodies of substantial amendments to the protocol or the terms of the approved application, and to seek a favourable opinion from the Committee before implementing the amendment.

Signed:

Print name: Rachel Hubbard

Date: 10/08/22

SUPERVISOR DECLARATION (FOR STUDENT PROJECTS)

I confirm that:

a. I am familiar with the University's Policy on the Ethical Conduct of Research involving Human Participants, Human Material or Human Data and the University's Research Integrity and Governance Code of Practice.

b. I have reviewed this application, and all supporting documents, and I am satisfied that the project as proposed meets the University's ethical standards.

c. I have the necessary skills, training and or/expertise to offer appropriate supervision and support to the student researcher/applicant.

d. I will encourage the student to discuss with me, and reflect on, any ethical issues that arise during or after the project and, where relevant, I will ensure such issues are notified to the SREC.

Supervisor comments (DO NOT LEAVE BLANK):

As a team, we have discussed at length the ethical protocols and practices around designing and undertaking a project on the sensitive area of being and becoming a parent of a trans child. The participant led, feminist qualitative methodology has been specifically designed with ethics at its heart, from recruitment (careful use of personal Facebook account to post flyers) to representation (composite case studies to maintain anonymity). Moreover, as a qualified social worker and parent of a trans child, Rachel is very well placed to navigate any ethical issues that arise during the project, and with experienced supervisors (in gender-sensitive research) she will have all the support she needs along the way.

Signed:

Print name:

EJ Renold
Date: 09/09/2022

Please submit the completed application and supporting documents to https://cf.sharepoint.com/sites/C-AHSS/SitePages/Ethical-Review-List.aspx

Your electronic submission should contain wet-ink or electronic signatures of all relevant parties. Please note that if any information is missing, the application may be returned to you.

Ethics application Appendix 1

PARTICIPANT INFORMATION SHEET

Research project

Hearing the voices of parents of transgender and gender diverse young people – an exploratory research project into the experiences of parents supporting trans youth

You are being invited to take part in this research project. Before you decide whether or not to take part, it is important for you to understand why the research is being undertaken and what it will involve. Please take time to read the following information carefully and discuss it with others, if you wish.

Thank you for reading this.

1. What is the purpose of this research project?

This research project is designed to help me meet the thesis requirement for the Professional Doctorate in Social Work at Cardiff University. My research aims to give space for the parents of transgender and gender diverse (TGGD) young people to tell their stories in their own words. This research will focus particularly on the current experiences of parents of TGGD young people from puberty up to the age of 18.

I am a registered social worker and I work within the Social Work England Professional Standards (2021) and BASW Code of Ethics (2021). I am also the parent of a TGGD young person. To hear more about my views on trans experiences by listening to this BASW Let's Talk Social Work podcast: https://open.spotify.com/episode/0Sz8pvdHQz2GVjNapsKc52?si=d7eabfd2dae74443

I am particularly interested in how parents experience supporting their child in the current social context in the UK and the roles they play in supporting their child in their gender identity. Findings from this study could be used to inform future policy and practice with TGGD young people and their families.

2. Why have I been invited to take part?

You have received this Participant Information Sheet because you have expressed an interest in being involved in this research and are the parent of a TGGD young person from puberty to 18 years of age.

3. Do I have to take part?

No, your participation in this research project is entirely voluntary and it is up to you to decide whether or not to take part. If you decide to take part, please get in touch with me to express your interest. I will ask you to complete a consent process including giving demographic information. You will also have the option to speak to me beforehand if you have any further questions before giving your consent to being involved in the research. If you decide not to take part, you do not have to explain your reasons and it will not affect your legal rights. If you were contacted about this research via an organisation, please note that your decision to take part or not to take part will not affect the support you receive.

You are free to refuse to answer any question and to withdraw your consent to participate in the research project and you do not have to give a reason. If you withdraw during the study, I will ask if you are happy for the information you have given up until that point to be included. If not, all your data will be destroyed in the event you decide to withdraw. At the end of the interview, you will have two weeks to request to have your data deleted, if you no longer wish to take part or have your story included.

4. What will taking part involve?

You will be invited to an online video interview, meaning that you will need access to a reliable wifi connection and device with video calling capability, including use of a microphone and webcam.

This interview is likely to take from 1.5 to 2 hours and will be recorded then transcribed by the student. You will be invited to either be prepared to describe a day in your life relevant to your child *or* to bring an object or photograph to the interview that carries meaning related to your child's gender identity for you to talk about. There is an example object at the end of this form for your information (Appendix 1b). Please do not use a photograph of your child or something that can make you or them identifiable. Since you will be sharing this during the video call and this will be recorded the object or photograph will be visible to me and recorded and this data stored with the other interview data.

I will conduct this video call in a private office. You will need to find a space where you can conduct this interview privately and free from interruption.

5. Will I be paid for taking part?

No.

6. What are the possible benefits of taking part?

There is a lot of talk in the media and online about who the parents of TGGD young people are, what motivates you and how you support your child. These narratives are not always informed by the lived experiences of parents such as yourself. This research intends to give space for you to share your experiences and motivations so that the realities of this experience for you can be heard more widely. There may be no direct benefit to you but adding to the knowledge about this often hidden and misunderstood experience could help offer a more informed perspective for those supporting TGGD young people and their families, including social workers, healthcare professionals and schools.

7. What are the possible risks of taking part?

There is currently a small but vocal minority of people in the UK who are hostile to TGGD people, especially young people and their families. There is a small risk that involvement in this research might make you visible and bring you hostility e.g. via social media or from family, friends and acquaintances. There is a risk of psychological harm arising from involvement in this project that is intended to be minimised by the measures set out below.

Protecting your identity is essential to you feeling confident to being involved in this research. In order to protect your identity, it is planned that all participant data will be stored and presented anonymously, using pseudonyms that you can choose yourself or you can ask me to choose for you. You will also be asked for some additional demographic information which may be shared with your quotes but only when this is relevant to the findings and is not likely to identify you or your child. Your story may also be blended with that of other participants to disguise any detail that might make you identifiable when the research is presented.

All participants will be provided with a range of contacts for relevant support agencies so that they can access additional support, if required (See Appendix 1a at the end of this document).

8. Will my taking part in this research project be kept confidential?

All information collected from (or about) you during the research project will be kept confidential and any personal information you provide will be managed in accordance with data protection legislation. Please see ‘What will happen to my Personal Data?’ (below) for further information.

If, in gathering data for this research evidence comes to light of risk of harm to children or adults at risk, then I am legally and professionally obliged to disclose information obtained from (or about) you to the relevant statutory bodies or agencies. If it is appropriate, I aim to notify you of the need to disclose my concerns.

9. What will happen to my Personal Data?

Personal data, according to the General Data Protection Regulation (GDPR) means any information relating to an identifiable living person who can be directly or indirectly identified in particular by reference to an identifier. This may include information such as an individual's name, address, email address or date of birth. As this research project will be gathering and using personal data such as your name and email address, GDPR regulations will apply.

Your data (e.g. your interview recording and transcripts) will be made confidential by the use of a pseudonym. You will be able to choose your own pseudonym or you can ask that I create one for you. You will be asked for some demographic information if you consent to be involved. This will comprise your:

- Gender identity
- Sexuality
- Relationship to child
- Ethnicity

This information will be stored with your anonymised data for use during interpretation of the research findings but will only be disclosed in the research findings if directly relevant to the issue under discussion.

It may be that during your interview you disclose other personal information such as your age, location, religious belief, medical history etc. These will be anonymised if presented with the findings. Your recorded interview and transcripts will be stored on Cardiff University's secure server. Efforts will be made to not associate your personal information too closely with any identifying characteristics when presenting data. If you choose to bring an object or photograph to share the image of this from the recording will be saved securely. If relevant to the presentation of the findings of this research, I may ask you for permission for this to be included in the publication.

Cardiff University is the Data Controller and is committed to respecting and protecting your personal data in accordance with your expectations and Data Protection legislation. Further information about Data Protection, including:

- your rights
- the legal basis under which Cardiff University processes your personal data for research
- Cardiff University's Data Protection Policy
- how to contact the Cardiff University Data Protection Officer
- how to contact the Information Commissioner's Office

may be found at:

https://www.cardiff.ac.uk/public-information/policies-and-procedures/data-protection

If you need access to a printed copy of any of these documents please contact the researcher.

Data (which includes your actual interview recordings, not just the transcripts, your consent form and other personal data) will be retained for no less than 5 years or two post-publication and then deleted in accordance with GDPR and Cardiff University policy.

All data will be gathered, stored and analysed electronically on Cardiff University secure systems. Personal data collected up until the point of participant withdrawal from the research project will be deleted. Note that it will not be possible to withdraw any anonymised data where identifiers are irreversibly removed during the course of the research project e.g. if composite case studies have been constructed as a means of presenting research findings.

10. What happens to the data at the end of the research project?

The data collected during the research project will contribute to my doctoral thesis and may be used to contribute towards publications e.g. in academic journals. These are likely to be made available via university research repository after the end of the research project. No personal or identifiable data will be made available in the thesis or publications. After 5 years your data will be destroyed in line with Cardiff University policy or retained until publication is completed.

11. What will happen to the results of the research project?

It is my intention to publish the results of this research project in academic contexts e.g. my doctoral thesis, peer reviewed journals, book chapters or conferences. Participants will not be identified in any report, publication or presentation. Verbatim quotes from participants may be used and identified by pseudonym, if necessary.

12. What if there is a problem?

If you wish to complain, or have grounds for concerns about any aspect of the manner in which you have been approached or treated during the course of this research, please contact me (Rachel Hubbard) as the Principle Investigator. If your complaint is not managed to your satisfaction, you may contact the School of Social Sciences Ethics Committee via the School of Social Sciences: socsi-ethics@cf.ac.uk

If you are harmed by taking part in this research project, there are no special compensation arrangements. If you are harmed due to someone's negligence, you may have grounds for legal action, but you may have to pay for it.

If there is concern about risk of harm to children or adults at risk identified during this research project, I will act in accordance with the Cardiff University Safeguarding Children and Adults at Risk policy, available at: https://www.cardiff.ac.uk/public-information/policies-and-procedures/safeguarding

13. Who is organising and funding this research project?

The research is organised by:

- Rachel Hubbard – Professional Doctorate in Social Work student researcher, Cardiff University
- Professor EJ Renold and Dr Kelly Buckley - academic supervisors, Cardiff University

This research project has received no external funding.

14. Who has reviewed this research project?

This research project has been reviewed and been approved by the School of Social Sciences Research Ethics Committee, Cardiff University. The SREC reference number is: 277

15. Further information and contact details

Should you have any questions relating to this research project, you can make contact during normal working hours:

Rachel Hubbard

- HubbardRA@cardiff.ac.uk

Thank you for considering to take part in this research project. If you decide to participate, you will be given a copy of this Participant Information Sheet to keep for your records.

Participant support agency contacts

Gendered Intelligence

Gendered Intelligence, established in 2008, is a registered charity that works to increase understandings of gender diversity and improve the lives of trans people. Our vision is of a world where diverse gender expressions are visible and valued, and where trans, non-binary, gender diverse and gender questioning people live healthy, safe and fulfilled lives. One of GI's services is an group for parents and family members to help them find guidance and support.

- https://genderedintelligence.co.uk/families/group.html

Mermaids

Mermaids has been supporting transgender, non-binary and gender-diverse children, young people, and their families since 1995. Today, Mermaids has evolved into one of the UK's leading LGBTQ+ charities, empowering thousands of people with its secure online communities, local community groups, helpline services, web resources, events and residential weekends. Support for parents and families of trans children and young people is a core element of Mermaids work.

- https://mermaidsuk.org.uk/parents/

Mind

Mental health guidance and resources for those supporting LGBTQ+ people

- https://www.mind.org.uk/information-support/tips-for-everyday-living/lgbtiqplus-mental-health/supporting-someone-who-is-lgbtiqplus/

Mindline Trans+

Mindline Trans+ is an emotional and mental health support helpline for anyone identifying as transgender, non-binary, genderfluid and their family members, friends, colleagues and carers.

- https://mindlinetrans.org.uk/

Young Minds

Mental health guidance and support for young people and their families.

- https://www.youngminds.org.uk/parent/

Ethics application

Appendix 2

CONSENT FORM

Title of research project:

Hearing the voices of parents of transgender and gender diverse young people – an exploratory research project into the experiences of parents supporting trans youth

SREC reference and committee: SOCSI TBC

Name of Principal Investigator: Rachel Hubbard, DSW student

	Please initial box
I confirm that I have read the Participant Information Sheet dated August 2022 version 1.4 for the above research project.	
I confirm that I have understood the Participant Information Sheet dated August 2022 version 1.4 for the above research project and that I have had the opportunity to ask questions and that these have been answered satisfactorily.	
I understand that my participation is voluntary and I can refuse to answer any question if I choose. I am aware that I am free to withdraw without giving a reason. I understand that if I withdraw during the study I will be asked if I consent to my data remaining in the study. If not, I understand that my data will be destroyed and I have two weeks to decide if I want to withdraw or not after the interview has taken place.	
I understand that data collected during the research project may be looked at by individuals from Cardiff University or from regulatory authorities, where it is relevant to my taking part in the research project. I give permission for these individuals to have access to my data.	
I consent to the processing of my personal information e.g. name, email address and other personal information given during the course of data collection for the purposes explained to me. I understand that such information will be held in accordance with all applicable data protection	

legislation and in strict confidence, unless disclosure is required by law or professional obligation.	
I understand who will have access to personal information provided, how the data will be stored and what will happen to the data at the end of the research project.	
I understand that after the research project, anonymised data may be made publicly available e.g. via publication. I understand that it will not be possible to identify me from this data on understanding that confidentiality will be maintained.	
I consent to being video recorded for the purposes of the research project and I understand how it will be used in the research.	
I understand that anonymised excerpts and/or verbatim quotes or image of the object or photograph I shared during my interview may be used as part of the research publication. I understand my permission will be requested if the image is to be used.	
I will choose a pseudonym to be used for the collection, analysis and presentation of my data or will agree with the researcher for them to create a pseudonym for me.	
I understand how the findings and results of the research project will be written up and published.	
I agree to take part in this research project.	

Name of participant (print) Date Signature

THANK YOU FOR PARTICIPATING IN OUR RESEARCH

YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP

Ethics application

Appendix 3 Participant demographics

Q	A
What is your gender? Please state whichever label/descriptor you prefer.	
Do you identify with the sex you were assigned at birth?	Yes/No
What is your sexual orientation? Please state whichever label/descriptor you prefer.	
What relationship do have with your trans child? Please state – could include parent, mother, father, step-parent, grandparent, adoptive parent etc.	
What is your race/ethnicity? Please state whichever label/descriptor you prefer	

See Appendix A for Appendix 4 Participant Flyer

Ethics application progress

Email from SOCSI - Ethics Office

Your ethics application for Hearing the voices of parents of transgender and gender diverse young people – an exploratory research project into the experiences of parents supporting trans youth has been given a FAVOURABLE OPINION

To:Rachel Hubbard

Wed 24/08/2022 16:40

Dear Rachel Hubbard,

Research project title: Hearing the voices of parents of transgender and gender diverse young people – an exploratory research project into the experiences of parents supporting trans youth
SREC reference: 277
Link to applications.

The School of Social Science Research Ethics Committee reviewed the above application on the .
Ethical Opinion
The Committee gave a favourable ethical opinion on the basis described in the application form, protocol and supporting documentation.

Supporting Documents Received
Document Title, Date and Version Number

Appendix 1 CU ethics Participant Information Sheet - RH August 2022 v1.4.docx

Appendix 2 CU ethics consent form - RH August 2022 v1.1.docx

Appendix 3 Participant demographics - RH August 2022 v1.0.docx

Appendix 4 Participant Flyer - RH August 2022 v1.1.docx

CU SOCSI SREC Application Form - Staff and PGR - RH August 2022 v1.4 final revision.docx

Research Integrity Training certificate of completion - RH 15 7 22.png

- Appendix 1 section 8 - typo 'then I is legally and professionally' should read 'then I am legally and professionally'

- Appendix 1 section 9 - typo 'or you can ask that I creates one for you' should read 'or you can ask that I create one for you'

Please ensure that you upload all final versions of your research tools, information sheets and consent forms, if not already done so, prior to starting your data collection. When uploading files please save them with the description (e.g. consent form), date and version number.

*****

Email from SOCSI - Ethics Office

You have submitted amendments to ethics application SREC No: 277 Experiences of parents of trans young people

To:Rachel Hubbard

Thu 20/04/2023 17:43

Dear Rachel Hubbard

This is to acknowledge you have submitted amendments and/or uploaded final versions of your research tools on your ethics application for Experiences of parents of trans young people .

Submitting Final Versions of Research Tools
If you have already received a favourable ethical opinion and are just uploading final version of your research tool you can continue with your data collection.

Submitting responses to SREC conditions or notifying SREC of amendments.

Please retain this e-mail as proof that you have requested a review of proposed changes to your application.

Next Steps:

Your revised application/comments will be sent to the Chair of the ethics committee as well as the original reviews who will undertake a review and provide their recommendations.

*****

Email from SOCSI - Ethics Office

Your ethics application for Hearing the voices of parents of transgender and gender diverse young people – an exploratory research project into the experiences of parents supporting trans youth has been given a FAVOURABLE OPINION

To:Rachel Hubbard

Tue 09/05/2023 10:51

Dear Rachel Hubbard,

Research project title: Hearing the voices of parents of transgender and gender diverse young people – an exploratory research project into the experiences of parents supporting trans youth
SREC reference: 277
Link to applications.

The School of Social Science Research Ethics Committee reviewed the above application on the .

Ethical Opinion

The Committee gave a favourable ethical opinion on the basis described in the application form, protocol and supporting documentation.

Supporting Documents Received

Document Title, Date and Version Number

• Appendix 1 CU ethics Participant Information Sheet - RH August 2022 v1.4.docx

• Appendix 2 CU ethics consent form - RH August 2022 v1.1.docx

• Appendix 3 Participant demographics - RH August 2022 v1.0.docx

• Appendix 4 Participant Flyer - RH August 2022 v1.1.docx

• CU SOCSI SREC Application Form - Staff and PGR - RH April 2023 amendment.docx

• Interview topic guide and schedule - 30 9 22 v1.1.docx

• Research Integrity Training certificate of completion - RH 15 7 22.png

Please ensure that you have uploaded all final versions of your research tools, information sheets and consent forms, if not already done so, before starting your data collection and when uploading documents, please ensure it is saved by name, date and version number.

*****

20/4/23 ethics application amendments

- Deleted Kelly Buckley and added Kate Marston as supervisor
- Added text in red to Section 3.1 Project summary:
    - I will approach organisations and individuals e.g. counsellors that support parents of TGGD young people and parent-run online groups in the UK for participants. I am the parent of a TGGD young person and a member of a number of relevant organisations and groups and will share this experience in order to build confidence for the organisations and groups in my motives as a researcher and to allow access to their members.
- Extended estimated end date from March 2023 to June 2023 to give more time to recruit participants
- Added text in red to Section 5.1 Recruitment
    - Participants will be recruited via advertising within voluntary organisations that support trans young people and their families (such as on the Mermaids parents forum and Gendered Intelligence), via individuals, such as private gender counsellors who work with trans young people and their families, and parent-organised online groups of supportive parents and carers (e.g. in private groups on Facebook). These are groups that parents will have actively sought for information and advice and will usually have been vetted by the organisation or group before they can access online forums, in-person support etc. Snowballing will also be used to enable access to further groups when trust can be established in the researcher's credentials. I will use my personal Facebook account so the participants are clear who is approaching them and I can refer to others who know me in these forums for verification of my identity. My Facebook account has significant limitations on who can access my posts and those who I am already connected to cannot see my activity on private groups. I will contact the admins of the groups I am a member of to explain my research and ask for their permission to post my flyer and Cardiff University contact details (e.g. Cardiff University email). Where participants may be known to me previously, I will ensure that any

issues regarding power are minimised as these will not be people I have worked with as a social worker or taught as a lecturer.

- Added text in red to Section 5.3 inclusion and exclusion criteria:
    - Parents known to the researcher in a professional capacity as either a social worker or university lecturer prior to the recruitment process will be excluded from the study in order to reduce the likelihood of bias as will those who lack mental capacity to consent to being involved in this research
- Added text in red to Section 8.1 regarding how and by whom data will be collected
    - The researcher will be the sole person conducting interviews. The researcher will conduct these interviews in an office with a closed door so this conversation can be private. Participants will be asked in the Participant Information Sheet (Appendix 1) to consider where they would be most able to conduct this interview confidentially and as free from interruption as possible. The interviews will take place via Cardiff University Microsoft Teams and recorded via Teams. These recordings and subsequent transcripts as well as consent forms, demographic data and contact information will be stored on Cardiff University's secure OneDrive, in accordance with Cardiff University's data protection requirements. Reference to others in the interview e.g. their child, their siblings or their partner or identifying remarks e.g. locations will be removed during transcription and replaced with generic descriptors such as child, partner or local area.

Appendix D: Fairy tale meta-narrative

Once upon a time there was a family. An ordinary family on the surface. Made up of parents and children with the usual struggles and joys. But one day their child told them a secret. That secret made the parents question everything about their child and what they knew about them. It also made them question how they see the world.

Their child's secret was something they didn't understand. It was something they were not prepared for, something that made them different. Their child needed their help in order to be happy. They didn't know if they wanted to do this or not because they were not sure if they wanted their child to change.

So the parents went looking for help. They wanted to do the right thing for their child so they asked people they knew who were meant to help them, like their family, teachers and doctors. And some of these helped but many of them didn't know anything, presented obstacles or didn't believe that what the child had told their parents was real.

They kept looking for help. Luck and fortune guided their path. They encountered trolls who blocked their path and asked riddles before they could proceed or called them names. They found mamma bears - other parents who had children like their child. They knew how to help their child or people that could. They knew the answers to many of the riddles. They had travelled the same paths and could tell the parents where to go or were on the same path and could walk together.

The parents found the people who were meant to help them were impossible to get to, locked away like a princess in a high tower, so they had to find their own help for their child otherwise they would only ever be sad. The parents encountered wise people. People like their child who had walked the same path and could show the parents that their child could be happy in the future. The parents were encouraged by this to hope for a happy ending for their child while wondering still if the child might always be this way.

Appendix E

Fierce Joy

By Rachel Hubbard

A collection of seven transcript poems

and one author poem

A companion piece to

‘“I Love You No Matter What”: A creative enquiry into the experiences of parents supporting trans youth’

We All Love Birds

she used to text me on the way to school
“I've just seen loads of house sparrows”
we're always stopping and pointing out birds
it used to be very sweet, but quite frustrating
she'd always try and change the subject
by talking about birds
It just reminds me of a time
when I was trying to get her to open up more

she'd just start talking about blue tits
I'd say *“don't distract me by talking about birds”*
she'll get out her phone
try and distract me
show me a meme of a bird
or a parrot talking or something
it just reminds me of the time
when she couldn't really talk about her feelings

we're all obsessed with birds
they're just so small and perfect
and complete in themselves
they have these entire little lives
which are intersected with us but not of us at all
it's just the kind of the way they transact,
transect our experience

talk about something that was quite different
and quite other
very much themselves
I’d felt her difference ever since she was a baby
we've had this thread of otherness and difference
running through our family anyway
it’s their otherness
they’re so utterly, utterly different
but we exist in this strange plane together

Fear

The first reaction most parents get
when the kid comes out
is fear

Fear that the child has got it wrong
Fear that they've done something wrong
Fear that the child is going to be at risk

you feel very lonely
you feel lost
you feel hurt

"They're going to do horrible things to my children"

is all about fear.

"They're going to dole out medication and surgery before you're eighteen"

that's all about fear

All of this is brand new
it is ok to fear that
A lot of people
are not aware of anyone who is trans

the murder of Brianna Ghey.
someone just getting on with their life
gets murdered
It's really difficult to understand
what the fear is
You can not want to understand.
You don't have to think

"I'll kill someone"

always as a parent,
pray that your child
never gets into a situation
where something like that can happen.
That little thing at the back of your mind
"Just stay safe"
That's always the worry.
Why are people so afraid?
Because their children might come out?

people are so divisive
because something [is] fundamentally shifting,
pushing back

becoming this volcano
progress being made
pushing against the progress
because of fear.

All of this is fear based.
The safe space stuff is about fear.

“If everything else changes you've still got your gender,
so you know what your life is gonna be like”

“I'm a woman.
I'm always at risk and I have to be protected”
“Over time, I'll become a wise woman.
I‘ll know what’s what.”

You take that away and as a person
you haven’t got a role

It takes feeling safe
and confidence to
dare to question
the securities in life,
things you are secure about knowing.
You need confidence and courage
to get past that
you will find the confidence
and the courage
most parents do

The answer to fear is
not aggression or rejection.
The answer to fear is kindness.

Luck and good fortune

I think there's more vitriol

in spite of all the shit

say ridiculous things to me.

there's definitely more hostility.

And that is actually quite unnerving,

secretively.

the right-wing media

the cost of living crisis

had a few really dark days.

don't have those options

is just not at all [supportive].

having the Tories in government

you have that anxiety

those pesky transphobes

and all the ridiculousness

We are really lucky

we are lucky in this country,

I know I'm incredibly fortunate

we have options,

We're lucky in lots of ways,

it's a bit of a lottery.

I think I've been lucky

I have been a bit unlucky.

We have an amazing GP

good to have support from parents

really caring,

are going through the same thing.

her mental health has been so good

They are supported to learn.

willing to fight for them

happy to help us

because I've met lovely people.

they're safe enough to

mess things up.

I am hopeful in spite of it all,

however bad you feel this bit won't last forever.

we only waited six months for our appointment at the Tavi

We've been on the waiting list for three years.

three to four year wait.

We can do it for five years.

that's seven years

"oh, this is amazing".

"you shouldn't feel like that.

no chance that she's going to get seen.

mum, this is how it should be for all of us."

Years and Years

He was just so deeply unhappy,
deeply dysphoric
the idea that nothing was going to happen
for a very long time
was a depressing idea
nothing happened
for many, many years

he went on the waiting list
just after his 14th birthday
got to the top of the list at the Tavi
when he was about 17 and a half
they said

"*we'll put you with the adult services now*"

he got his first appointment
just after his 18th birthday

It is meant to be an 18 week turnaround
the waiting list on the NHS is just horrendous
this is years and years
we only waited six months
for our appointment at the Tavi
that's seven years ago
we're not one of those families that are
doing the three to four year wait
to possibly access medical transition

I've got to try and understand this
make sure I'm doing the right thing
in a timely manner
not to waste any time um-ing and ah-ing
this is what my child needs,
they've expressed this
I need to act on it

a long process
to go down there physically to the Tavi
booking train tickets in advance
time off work
time off school
then you would spend the next day tired
when you returned to work
and my child back to school
Just to pop down there for the day

doing the watchful waiting,
whilst going slowly at the same time.
you've got to be considered
listen and take time,
you've also got to act quite quickly
because everything's very timely
because of puberty
hormone blockers is the first port of call
we started off
we went down to Endo, bloods, DEXA scans

We went all through that
we're just about to start [blockers]
then the Keira Bell case came
pulled the rug completely underneath us
a really, really stressful time
a really odd situation
the clinician [agreeing] for the child to access blockers
the parents agreeing for the child to access blockers
the child also wanting it,
but that not being allowed to happen

we were two weeks away
we done everything since 2016
we'd done everything the correct way
We did all the watchful waiting in the world.
We did everything that was asked of us.
We went at [my child's] pace.
Then right at the last minute
we were told that everything's stopped

four years ago
I never thought I would be in this area,
challenging myself that way
go through my acceptance
"How am I going to live with it?"

I was really struggling to begin with
there was a time when I was resisting it
there was a time when we had we had some tension
I wasn't in on the story

she said to me

"*I'm gonna say something really tough and I want you to hear me out.*
if you don't like it, that's fine, but I'm going to say it".

she said,

"*you either come to terms with this and accept it now,*

or you do it in two years time
or five years time,
it's up to you."

it does take time as a parent

to get your head around it
my child, they were saying
"*I'm going through the journey, mum, not you*"
There is a journey to happen,
within the family as well
she's still there as well, right?
[parent holds up picture of self as a child]
she's got things to do in this life
while I've still got time

spent a couple of years hiding
just before lockdown
the timing of COVID wasn't terrible
he had some incidents in school
an environment that was turning toxic
seeing the police
make a complaint
made a new start at a different school
where they had never known him as a girl

she needs to take time to work out
what the next steps are going to look like
making sure that she is happy and safe
as she moves into adulthood
she's got plenty of time

kids coming out as whatever
trans, gay, punk,
in the teenage years
as a parent
these kids are not mine
the transition that the child goes through
to become more of themselves
at the same time as
you need to learn to back off
nobody tells you that in advance
because you're not ready

they want to do things more independently
I'll always be there in the background
a safe, fulfilling, happy, happy life
whatever she decides to do
optimistic for the future

for what is out there

he’s getting on incredibly well at university
he’s got a lot of good friends
he’s in a great place
he has reserves
when he does hit those road blocks
he’s able to overcome
he feels so comfortable in his own skin
he's got his feet firmly on the ground

he's just having the time of his life
regardless of what tomorrow holds
or next week holds
or next year holds

“Are you sure?”

“wish I had a crystal ball
you could tell me
that this is exactly what you want,
and it's all OK”

you like to put things in boxes
to categorize
to label
you like to have a very organized world
there’s been this sort of explosion
They don't need that same level of structure
in order to feel comfortable

You have an idea that medicine
is black and white
my experience of the treatment that I had
wasn't like that
it wasn't always straightforward
that's what it's like being trans
it's not all straightforward
there's lots of different ways

“you're a man”
“you're a woman”

the right way is to be this
the right way is to be that
You're not just rejecting the man or woman thing
You're also rejecting
the idea that there is a right way
Maybe there isn't a right way

“Oh, it's just a phase”

that's such an easy thing to throw around
it might just be a phase
but what's wrong with that?
this is the thing that they must do in their life
so they must do it

“just whip them into submission
and they'll be fine”

I see the depth of feeling and conviction
such a strong character
always the most determined

“I am this
and I am this for the rest of my life”

everything is a lot more fluid

it doesn't really matter
whether it is a robust consistent choice
that goes through every fibre of their being
every molecule
just me thinking black and white

“Does it really matter?”
maybe it's just not that important
what gender somebody turns out to be
I still can't come up with a reason
why it would really, really matter
I just can’t
There are other options than right or wrong.

We muddle along.
it's impossible to know the future
you just have to be able to live with the decision

right from the beginning
she's been very consistent
she's been very clear
she's not a very forthright person at all
this is the one thing she has been very forthright about
Every now and again I'll go, *“are you sure?”*
she just rolls her eyes and goes *“Mum!”* [laughs]

Do The Right Thing

I'm a bit conformist.
I like to try and do the right thing.
I don't really like going against the grain.
I'm aware about things being morally right.
I can't take the law into my own hands,
that's not my nature.

It was legally done
She knows that nobody can change that
That's hers.
She owns that.
Nobody can come back and say,

"Oh, hang on a minute.
You should be doing this.
You did that the wrong way."

No, we did it completely the correct way.
It was the right thing to do.

There are some people who just really want to be decent
they want to do the right thing.
It's about making quite difficult decisions.
knowing in the back of your mind
in your heart,
they are the right decisions.

I always had that in the back of my mind
not to waste any time um-ing and ah-ing
"This is what my child needs,
they've expressed this,
I need to act on it."

[It] may be costly
losing people that you thought were friends
I'm prepared.
I will continue to be prepared
to do those things to make the right choices

She said to me,
even when I was really wobbly,
right at the beginning, she was like,

"You're doing the right thing."

the introduction of nonbinary in your life
There are other options than right or wrong.

your kids are early teens or smaller,

you are still very much the parent.
you have to make a judgment call every day
big things
or small things,
whether things are right or wrong
it isn't my life
to decide whether it's right or wrong,
it is theirs
it isn't for me to take a decision
it is for me to ask them a question
“Have you thought about this or that?”
“What are the consequences?”
the decision they then take is up to them

It's difficult to know
what is the right thing to do.

Choosing love

As a parent you think

if it happens in your own family

, you look at the kid She's absolutely terrified It broke my heart

it forces you to think

what do you want from your relationship?

what it comes down to I guess either be all in or I'm out, right?

You swallow hard

OK, well

are you?

and you sort of think you were so scared. And I was holding on

to discomfort. and that takes some confidence and courage.

and I just think "oh she's great". I want you in my life.

she's smart and clever and funny,

I said to her, you're my child . You always be my child , even if I don't

always understand.

It's fine because we'll find a way.

It's just that I mean, love spending time with her.

the biggest thing to choose for the love of your kid.

and your own truth or not.

So there's always a way, my hope is wrapped up in my love for her

, as a parent,

it stays with you.

your love for your child

but I love you. , I love my child We love you. . I love you no matter what,

Swimming

There's a swimming pool out by the sea
We used to go there all the time
You can see gulls flying from the water
And storm clouds rolling in off the estuary

Sometimes he would swim there
In the cool early morning
Before the summer crowds arrived
Chlorine blue water rippling over him

The wind blowing across the pool
Rippling and distorting
Across the layers
Covered and recovered

I trod water above
Watchful and alert

Other times, he wouldn't let go
Terrified, clinging to the rail
Afraid to break the surface,
Emerge unbound

This summer the sea itself calls
Where there's nothing between
The water and the land
But sand and his bare feet

The first seven transcript poems were created by Rachel Hubbard from interviews with five parents of trans young people in England from December 2022 to March 2023 as part of her Doctorate in Social Work thesis at Cardiff University.

The eighth poem was written by the author.

Thanks to all the parents for their time and their kindness in sharing their experiences, their wisdom and their words.

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