

Review into the award of a Reaching Communities Grant to Mermaids

NOTE: This report has been prepared by The National Lottery Community Fund's Director for Scotland for the purposes set out in 1.5. It is based on information gathered by the Fund over a short period of time and is not intended to evaluate any medical or scientific information. It is an internal document, written as a brief summary and guide to assist the England Committee.

1 Introduction

1.1 At the England National Funding Panel meeting on 21st November 2018 an award of £500,000 was made to the charity Mermaids. This was confirmed in a formal offer letter dated 14th December 2018 from James Harcourt, England Grant-Making Director.

1.2 Following this an article appeared in the national press. This was critical of the Big Lottery Fund for making the award and was also critical of Mermaids as an organisation, making several allegations regarding their practice. Further articles appeared in other outlets and social media over the next week.

1.3 Given the serious nature of the allegations made about Mermaids practice, the Big Lottery Fund decided to undertake a review to determine whether, as a result of these concerns, the award should be reconsidered. This is standard practice for the Fund when complaints are made about a grant or grant-holder, although generally such complaints are made in private and by single individuals. Mermaids were notified of the decision to undertake the review by telephone by James Harcourt, on Monday 17th December 2018, and this was confirmed by letter the same day. On 20th December James Harcourt confirmed in writing the grant was paused pending the outcome of the review.

1.4 Simultaneously, a wide range of commentary was beginning to emerge on social media. Over the course of the next week the Big Lottery Fund received over 800 representations expressing both concern and support for the organisation as well as broader reflections on the best ways to support young people with gender dysphoria. Correspondence was received from people with a lived experience, the parents of children who have used the Mermaids service, people working in the field, other members of the public and a small number of MP's.

1.5 The purpose of the review was to:

- Summarise the concerns and allegations made against Mermaids by those who made representation to the Fund
- Based on a review of standards and practice in this field and the information provided by Mermaids, draw conclusions with reference to the allegations.

1.6 This report will provide a brief exploration of a range of aspects associated with transgenderism, a summary of the concerns raised, an analysis of the correspondence received, an investigation into the concerns and draw some conclusions to help the England Committee make a final decision.

1.7 A wide range of papers, articles, commentaries and social media content have been considered in order to develop a deeper understanding of the subject (see Annex 1). A meeting with the organisation was held to discuss the concerns and allegations made and to allow them to address the concerns raised. Discussions have also been held with senior officers from the leading NHS service in England, funders and other individuals in the field. Correspondence was also exchanged with the Charity Commission.

2 About Mermaids

2.1 Mermaids, formed in 1995, claim to be the only UK wide charity providing information, advice support and shared experiences for transgender or non-gender conforming children, young people (up to the age of 19) and their families. Service users are supported via telephone helpline, email, parents' and teens' online forums, residential weekends and local support groups. Its stated key aims are to; reduce isolation and loneliness, improve self-esteem and social functioning, reduce suicidality and self-harm in young people, and provide families with the tools to negotiate education and health services. Mermaids other stated aims are to;

- Empower families and young people with the tools they need to negotiate the education and health services.
- Reduce suicidality and self-harm in the young people who contact Mermaids and equip their parents to support their children to the same end.
- Improve self-esteem and social functioning in gender variant and transgender children and young people.
- Improve awareness, understanding and practices of GP's, CAMHS, Social Services and other professionals.

2.2 The organisation has developed from an unincorporated charity, solely reliant on volunteers, with an income below £10,000 to a charitable incorporated organisation (CIO) regulated by the Charity Commission. They have eight full time staff and an annual turnover of £310,000. Current contacts have grown to 5,000 including 1,400 parents group members and 500 youth group members. Its raised profile has also helped to secure a Department for Education grant to deliver training in schools to combat homophobic, biphobic and transphobic bullying, and raise awareness of the needs and rights of transgender young people. Mermaids also receives funding from Trust and Foundations including Children in Need and the Paul Hamlyn Foundation. They generate additional income through corporate sponsorship, individual giving and other income generating initiatives. Their growth over the last few years has required an ongoing strengthening of the organisation's governance, infrastructure and quality assurance processes.

2.3 Mermaids state they work with a range of partners including the NHS Tavistock Gender Identity Development Service, other Civil Society organisations, the Department of Education and several other associated agencies. The organisation does not appear on the Tavistock web site but is featured in the NHS "A Guide for Young Trans People in the UK"¹ and "A practical guide for the NHS"² as a support and information organisation.

2.4 The proposal leading to the award of this grant was to increase localised support, inform and improve associated services and contribute to evidence-based research on transgender young people. Over the period of the grant the project set ambitious targets to work with 900 families through the establishment of 45 local groups across areas which they identified as having the highest need allied to a lack of provision. Mermaids proposes to employ 3 Service Development Managers who will focus on the

¹ Department of Health, A guide for young trans people in the UK, accessed at <https://www.mermaidsuk.org.uk/assets/media/17-15-02-A-Guide-For-Young-People.pdf>

² Department of Health, Trans: A practical guide for the NHS, available at: http://www.edinburghtranswomen.org.uk/A_practical_guide_for_the_NHS.pdf

following 3 areas:

- Training, advice and support to parents and young people to set up their own local support groups to help reduce isolation and loneliness and support them to develop skills, confidence and resilience.
- Deliver trans-inclusive diversity training to educate professionals and statutory agencies on how best to support transgender children, young people and their families.
- Develop stronger relationships with universities and academia and encourage the involvement of people who experience such issues in research projects in order to increase understanding of the challenges faced and to identify gaps to influence future practice.

2.5 In addition Mermaids advocates for continued development within the sector specifically in areas associated with support to children. They state this is influenced by the experience of children and their families, an increasing body of research in this field and in the advancement of World Professional Association for Transgender Health (WPATH) Standards of Care. It should be noted however there are wide ranging views in the sector on key themes associated with supporting transgender children and young people including issues associated with medical treatment pathways and at what age it is appropriate to pursue such an option. This theme will be picked up in more detail later in the report.

2.6 It is widely recognised within the field that whilst there is an increasing body of research this is still in its infancy and requires further exploration. This features as one of the proposed project deliverables. Mermaids have established relationships with academics from Nottingham University and Goldsmiths University in order to participate in planned research projects. They want to take advantage of these opportunities and seek out more.

3. The Big Lottery Fund's role

3.1 The Big Lottery Fund's purpose is to support people and communities to thrive. Our motivation is to fund initiatives that deliver the best possible services and support to people and their communities whether this be communities of place or communities of interest.

3.2 The Fund supports a wide range of projects and activities for people across the UK which compliment statutory provision. Our People in the Lead approach supports learning from and developing services influenced by people's own lived experience.

3.3 No matter what the context, the Fund seeks to be collaborative and flexible in how it works in following the principles that underpin its People in the Lead approach.

3.4 Additionally, the Fund operates within a set of Policy Directions which are set, in the case of the England portfolio, by the UK government.

4. The context and debate about supporting non-conforming gender identity children

4.1 The term Transgender was first coined in the early 1970's. It is an umbrella term for people whose gender does not conform to the sex with which they were assigned at birth. The Transgender Identity and Research Society estimated that the number of transgender people in the UK is between 300,000 and 500,000.³ Similar approximate

³ Equality and Human Rights Commission (2010), Trans Research Review, available at: https://www.equalityhumanrights.com/sites/default/files/research_report_27_trans_research_review.pdf

figures are used by the UK's Government Equalities Office.⁴ Stonewall uses a higher estimate of 1% (or 600,000 people) of the overall UK population may identify as transgender (including non-binary).⁵ Others suggest the figure could be lower.

4.2 It is suggested that sex and gender come about through a combination of biological, social and psychological aspects of life that build our individual identity and that when we begin to investigate who we are and the gender we feel ourselves to be, things can become very complex.

4.3 Understandably there is real concern about young people doing something now that they will regret in the future. It is also important to keep them safe during what must be a difficult and confusing time in their lives and to listen to their views. Most stakeholders in the area are interested in contributing towards a better understanding of gender dysphoria and in order to do this understand and listen to the views and feelings of young people and take these into consideration.

4.4 This is a complex and controversial area but there appears to be consensus that additional support, investment and research into the field is required. There have been increasing developments in understanding towards ideas, theories and practices and this has led to a deeper discourse on the subject. This has resulted in a deeper inquiry into how best to help and support children and young people who experience gender identity issues. Some argue it is important to offer young people who want it help to align more closely to the gender they identify with. Some suggest that intervention including medical treatment should be available earlier in childhood should children express an unhappiness about being in a male or female body. Others express much more caution given the lack of evidence of the longer-term outcomes for children having medical treatments and that more in-depth assessment and research is required.

4.5 There is evidence⁶⁷ that non-conforming gender identity in children is not always related to ultimately being transgender. In this context a range of life experiences and how society impacts upon people particularly during their formative years, can lead to confusion with identity and that intervening or affirming identity at such an early time should be treated with extreme caution. Further, it is not uncommon for extreme and polarised positions to be adopted in the public debate. This is understandable given the interest in protecting children's health and wellbeing as well as respecting their rights as citizens. In this respect robust and trustworthy information as well as mature and insightful ongoing discussion is required. The key driver must be a desire to achieve the best outcomes for children and young people who experience confusion with their gender. It is without question a complex area and there is still a great deal to learn.

4.6 Clearly many factors contribute towards stigma and isolation around gender non-conforming children and young people. Many commentators champion for a more aware, understanding and welcoming culture in which children are treated in a way that gives them a supportive platform to openly share and talk about their experiences and to

⁴ UK Government Equalities Office, Trans People in the UK, available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721642/GE_O-LGBT-factsheet.pdf

⁵ Stonewall UK, The truth about trans, available at: <https://www.stonewall.org.uk/truth-about-trans#trans-people-britain>

⁶ Kreher, J. (2016, December 30). Do youth transgender diagnoses put would-be gay, lesbian, and bisexual adults at risk for unnecessary medical intervention? Available at: <http://www.theomarchy.com/do-youth-transgender-diagnoses-put-would-be-gay-lesbian-bisexual-adults-at-riskunnecessary-medical-intervention>

⁷ Lisa Marchiano (2017) Outbreak: On Transgender Teens and Psychic Epidemics, Psychological Perspectives, 60:3, 345-366, DOI: 10.1080/00332925.2017.1350804

explore whatever support might be best for them.

5. Overarching Legal Framework

5.1 The United Nations Convention on the Rights of the Child (1990)⁸ was ratified by the UK in 1991. It seeks to safeguard and improve the living conditions of children in every country through international co-operation. Paragraph 1 of Article 2 sets out to ensure that children enjoy the same rights without discrimination, irrespective of their identity. Paragraph 2 of Article 24 instructs State Parties to ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care. General Comment No. 15 explicitly states that this is inclusive of sexual orientation and gender identity.⁹

5.2 The Yogyakarta Principles of 2006 are a universal guide to human rights which affirm binding international legal standards with which all States must comply; these are in relation to sexual orientation and gender identity. The Principles were updated in 2017, and are since then referred to as Yogyakarta Principles plus 10. Paragraph D of Principle 32 states:

“Bearing in mind the child’s right to life, non-discrimination, the best interests of the child, and respect for the child’s views, ensure that children are fully consulted and informed regarding any modifications to their sex characteristics necessary to avoid or remedy proven, serious physical harm, and ensure that any such modifications are consented to by the child concerned in a manner consistent with the child’s evolving capacity;”¹⁰

5.3 Two other relevant acts address the rights of Transgender People:

- The Equality Act (2010)¹¹ - Gender reassignment is a protected characteristic and safeguards transgender people from direct or indirect discrimination, harassment and victimisation in the workplace and public domain including health care services. Paragraphs 2 and 5 of Article 85 put a responsibility on the school not to discriminate against or victimise a pupil by not affording the pupil access to a benefit, facility or service or by subjecting the pupil to any other detriment.
- The Gender Recognition Act (2004)¹² - This defines the eligibility criteria and processes for changing one’s legal gender. The act is currently under review. Public consultation concluded in October 2018.¹³

5.4 The review of the Gender Recognition Act¹⁴ seeks to modernise the laws and processes of gender reassignment in the UK. Some commentators are in favour of maintaining the current provisions whilst others argue that the current process is bureaucratic and impersonal. Some of the key proposals of these groups are:

- Self-identification: Transgender people should be able to choose their preferred

⁸ United Nations, Convention on the Rights of the Child, available at:

<https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

⁹ Yogyakarta Principles plus 10 CRC/C/GC/15 www2.ohchr.org/english/bodies/crc/docs/GC/CRC-C-GC-15_en.doc

¹⁰ The Yogyakarta Principles plus 10, available at http://yogyakartaprinciples.org/wp-content/uploads/2017/11/A5_yogyakartaWEB-2.pdf

¹¹ UK Government, Equality Act 2010 <https://www.legislation.gov.uk/ukpga/2010/15/contents>

¹² UK Government, Gender Recognition Act 2004, available at:

<https://www.legislation.gov.uk/ukpga/2004/7/contents>

¹³ UK Government, Reform of the Gender Recognition Act 2004, available at:

<https://www.gov.uk/government/consultations/reform-of-the-gender-recognition-act-2004#history>

¹⁴ *ibid.*

gender without the involvement of a panel or court.

- Inclusion of non-binary people: People should be able to choose a gender beyond the male - female binary.

5.5 Mermaids appears to advocate for change in their area of interest. They state their position is very much informed by the experiences of the children, young people and families who use their services. Given the sensitivities and opposing views around this matter this has arguably drawn attention to Mermaids as an organisation.

6. Standards of Care for the Health of gender non-conforming people

6.1 There are wide ranging views on several issues associated with supporting children with non-conforming gender identity issues, particularly around medical treatment, and more specifically at what age this might be an appropriate pathway to adopt. There are NHS guidelines in the UK in this respect, these differ from other countries across the world.¹⁵

6.2 Specialist NHS provision in England is delivered through the Tavistock Gender Identity Development Service.¹⁶ Tavistock is the main NHS service available. This is not just a service for children and young people looking to change their gender. They see a wide range of children and young people who experience confusion over their gender identity. With support from the Tavistock these children come to an understanding and acceptance of their gender identity. Most of the young people seen do not go on to access medical interventions. They suggest approximately 80% of young people choose not to change their gender assigned to them at birth.

6.3 Their specialist assessment is wide ranging and aims to explore and understand the child or young person's past and current gender identification, as well as their development in several other areas in their lives. This is done in collaboration with the child and their family and tailored to address individual need as they recognise every child is different. The aim is to treat people carefully, thoughtfully and individually.

6.4 Should a medical treatment pathway be considered appropriate there are two main treatments¹⁷. The two interventions available, after very careful and comprehensive psycho-social assessment, are puberty blockers and cross sex hormones. A staged model of intervention is adopted in this respect. Puberty blockers can be accessed by a young person who has begun the Tanner stage 2 of puberty, which is usually around 12 years. If felt appropriate cross sex hormones can be prescribed to young people who are both a) 16 years old and b) have been on hormone blockers for one year.¹⁸ The Tavistock also deliver several other services including youth groups and family days as well as ongoing support for those involved with the service.

6.5 The Standards of Transgender Health Care developed by the World Professional

¹⁵ NHS England, Interim Gender Dysphoria Protocol and Service Guidelines 13/14, available at <https://www.england.nhs.uk/wp-content/uploads/2013/10/int-gend-prot.pdf>

¹⁶ NHS England, Gender Identity Development Service (GIDS) for Children and Adolescents, available at: <https://www.england.nhs.uk/wp-content/uploads/2017/04/gender-development-service-children-adolescents.pdf>

¹⁷ NHS England (2016), Clinical Commissioning Policy: Prescribing of Cross-Sex Hormones as part of the Gender Identity Development Service for Children and Adolescents, available at <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/08/clinical-com-pol-16046p.pdf>

¹⁸ NHS England, Interim Gender Dysphoria Protocol and Service Guidelines 13/14, available at <https://www.england.nhs.uk/wp-content/uploads/2013/10/int-gend-prot.pdf>

Association for Transgender Health (WPATH)¹⁹ are generally recognised as the highest standards in clinical practice and are adopted by various health services worldwide. They highlight that among pre-pubertal gender questioning children (usually under 12 years old), the persistence rate of gender dysphoria into adulthood was 12 - 27%, meaning that over 70% of children will resolve feelings of gender dysphoria naturally post-puberty.

“In some children these feelings will intensify, and body aversion will develop or increase as they become adolescents and their secondary sex characteristics develop’ which can have adverse effect on their mental or physical wellbeing if not addressed appropriately or an attempt is made to suppress their gender questioning process”.

6.6 The likelihood of post-pubertal children moving on to hormonal treatment and sexual reassignment is much higher according to studies quoted in the standards of care. Mermaids state they adhere to the WPATH Standards but it should be noted they are not a health service and do not provide any form of medical intervention.

6.7 In an article in the Lancet Byng et al (2018)²⁰ strongly conclude that further research is required in this area. They suggest medium term benefits from hormonal treatment and puberty blockers is based on weak follow up studies. They say that patients need high quality research into the benefits and harm of all psychological, medical and surgical treatments as well as wait and see approaches.

6.8 Many commentators agree with the WPATH in that the knowledge of the factors contributing to gender identity development in adolescence is still evolving and not yet fully understood by scientists, clinicians, community members, and other stakeholders. In this respect premature or absolute conclusions about a child’s gender identity and the factors that might influence the timing of them should be considered very carefully before making a final decision.

7. Increase in the number of children presenting with non-conforming gender identity issues

7.1 The increase in numbers of referrals to the Tavistock service has been significant over the last 8 or 9 years. The total number of referrals in 2009/10 was 97 yet in 2017/18 this has increased to 2,519. This has led to a significant waiting list for access to their service. Director Dr Polly Carmichael in a recent article said “There is no single reason for the recent increase in referral figures, but we do know in recent years there has been significant progress towards the acceptance and recognition of transgender and gender diverse people in our society. There is also greater public knowledge about specialist gender clinics and the pathways into trans and an increased awareness of the possibilities around physical treatments for younger adolescents”.²¹

7.2 It is recognised that numbers are indeed increasing, whilst some have their opinions about why this might be the case there appears to be no consensus.

8. Relevance of the application to the Reaching Communities Programme

¹⁹ The World Professional Association for Transgender Health (2012), Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People, available at

https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf

²⁰ Byng, R. et al (2018), Gender-questioning children deserve better science, The Lancet, 392/10163, DOI: 10.1016/S0140-6736(18)32223-2 available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32223-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32223-2/fulltext)

²¹ NHS The Tavistock and Portman (2018), GIDS referrals increase in 2017/18, available at: <https://tavistockandportman.nhs.uk/about-us/news/stories/gids-referrals-increase-201718>

8.1 The activity for which Mermaids applied for funding fits within the Big Lottery Fund England Policy Directions and the scope of the Reaching Communities Programme. The initial assessment determined a fit with the following:

England Policy Direction 1A: The activities funded are one's which:

- Ensure people are engaged and involved in using the BLF's funding to provide solutions to the issues that matter to them and their communities.
- Help identify and enable those who are ready to lead the process of providing these solutions and removes barriers for those that may need help in doing so.
- Supports new and innovative solutions alongside tried and tested models and generates learning to help the development of policy and practice beyond the BLF funding.

England Policy Direction 1E: The need to ensure funds are distributed based on need, delivering measurable outcomes and broader impact for communities and individuals.

The project supports the aim of creating a fairer, freer and more responsible society where everyone has a part to play in improving their community and helping one another and in doing so addresses the following principles

- Encouraging social involvement in communities and removing barriers (England Policy Direction 2A)
- Strengthen the capacity of voluntary and community organisations in social enterprise (England Policy Direction 2C)

9. Alignment with England Portfolio Priorities

9.1 Mermaids applied for funding to set up and support local groups of parents and young people, to deliver training to statutory bodies and to develop the evidence base around supporting children and young people via partnerships with universities. These activities are ones which would commonly be funded in order to achieve two of the England portfolio goals: (i) strengthening relationships in and between communities, and; (ii) Early action to prevent problems at the earliest possible stage.

9.2 Setting up and supporting local groups of people is a common way of reducing isolation and enabling people with a common lived experience to get to know each other, develop relationships and get support and advice from their peers. For example, this is an approach recommended in the UK government's strategy for tackling loneliness (DCMS Loneliness strategy: October 2018)²²

9.3 Alongside this, the Fund often supports training delivered by charities to ensure that service providers - including those in the statutory sector - are aware of how to offer person-centred support and the potential barriers or challenges involved in reaching this group of people. This is a key part of taking an Early Action approach, the rationale being if people have a positive experience when they access mainstream services when they need to, then they are less likely to need to access acute services when they experience crisis.

²² UK Government (2018), A connected society, A strategy for tackling loneliness – laying the foundations for change, available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750909/6.4_882_DCMS_Loneliness_Strategy_web_Update.pdf

9.4 Similarly, developing the evidence base around how best to work with children and young people supports an Early Action approach. By showing where the greatest opportunities for future investment and change might be this could help ensure high quality support for all children and young people. This project would hopefully improve services for those who may in future question their gender identity. While the Fund rarely provides investment for research as a standalone activity, it does regularly support this as a strand alongside wider project delivery such as training and providing opportunities for people to meet, as is the case with this project.

9.5 In this context the project was recommended for funding as it adopted an asset-based approach enabling marginalised communities to provide mutual support, build strong relationships, and build the confidence and resilience of young people and their families, empowering them to address issues faced as early as possible.

10. Summary of concerns raised against Mermaids

10.1 When this grant became known publicly a critical article appeared in the national press on the 16th December 2018. This made several allegations and raised concerns about Mermaids approach and practice. Over the course of the next week the Big Lottery Fund received a high volume of correspondence raising similar concerns as well as presenting various arguments and evidence on the issue of transgender support to children, young people and their families. The correspondence received was both in support of and against the award of the grant.

10.2 Most emails were sent by members of the general public however some were received from people who identified themselves as practitioners, people with lived experience, academics and parents of children who have used Mermaid's services. From correspondence received, 34 people identified themselves as being parents. Of these 28 identified as users of Mermaids and in receipt of support from the organisation. Two were unsupportive, (but did not identify themselves as users of the Mermaids service). Overall 32 parents said they supported and valued Mermaids work.

10.3 This paper seeks to summarise the concerns and allegations made, provide some further background relating to the theme and present the response received from Mermaids (See Annex 2):

10.3 (a) Mermaids favours and lobbies for a medical treatment pathway as a main route to support for children experiencing non-conforming gender identity

Allegation:

That Mermaids prematurely pushes for life altering medical Interventions before, or instead, of exploring alternative routes.

Mermaids response:

Mermaids deny this allegation.

Mermaids state that it does not "favour", "lobby" or "push" for medical intervention (which should not, in any case, be identified with surgical intervention). They state this is not the role of the charity.

Mermaids provides a wide range of advice and support to children and their families and that its focus is not medical treatment.

Further Background:

There is further background to suggest that 80% of gender dysphoric young people would

resolve their feelings naturally through a “wait and see” longer term approach^{23 24}and there are clearly some people who have transitioned who have gone on to regret it. There are many other people who are happy and comfortable with their own transition and enjoy their lives (some studies concluded a de-transition rate of between 0 and 4%).^{25 26 27}

It is alleged that the CEO of Mermaids has expressed views that medical intervention at an earlier stage might benefit some children and this should be considered where appropriate. This is contrary to the present NHS position in the UK (which is puberty blockers at Tanner stage 2 usually around 12 years of age) but it is acceptable within the World Professional Association for Transgender Health (WPATH) Standards of Care and is practiced in other countries including the United States.

Some studies suggest that puberty blockers have no long-term irreversible impact although there are contrary views to this (see references 18 &19). The NHS views them as a reversible treatment. Most argue that further research is required. Mermaids have no control over medical treatment pathways and are not clinical specialists in this respect. This is a service delivered through NHS professionals.

Conclusion:

In this context, an organisation which promoted a medical pathway above all other options would not be an appropriate recipient of our grants. Mermaids have reaffirmed their position that they are young person centred and do not encourage, influence or direct young people or their families to pursue any one pathway. Furthermore, Mermaids does not present in their promotional material as a charity that focuses on medical treatment or provides medical advice. They state their main delivery model is support groups to children, young people and their families.

The CEO of Mermaids has publicly raised the issue of medical treatment being available to children younger than is the adopted position of the NHS in the UK. However, Mermaids has no control over medical treatment and this position appears to have been presented in the context of young people having more options open to them.

10.3 (b) Mermaids promotes questionable statistics in relation to suicidality in children and young people with gender identity issues

Allegation:

Mermaids has asserted publicly that transgender young people are at a greatly increased

²³ See references 18 & 19

²⁴ Kreher, J. (2016, December 30). Do youth transgender diagnoses put would-be gay, lesbian, and bisexual adults at risk for unnecessary medical intervention? Available at: <http://www.thehomoarchy.com/do-youth-transgender-diagnoses-put-would-be-gay-lesbian-bisexual-adults-at-riskunnecessary-medical-intervention>

²⁵ Dhejne C., Oberk K., Arver S., Landed M. (2014), An analysis of all applications for sex reassignment surgery in Sweden, 1960 – 2010: prevalence, incidence, and regrets, Archives of Sexual Behaviour, 43/8, doi: 10.1007/s10508-014-0300-8, available at <https://www.ncbi.nlm.nih.gov/pubmed/24872188>

²⁶ Weyers, S. et al (2009), Long-term Assessment of the Physical, Mental, and Sexual Health among Transsexual Women, Journal of Sexual Medicine, doi: 10.1111/j.1743-6109.2008.01082, available at <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1743-6109.2008.01082.x>

²⁷ Johansson A., Sundbom E., Hojerback T., Bodlund O. (2010), A five-year follow-up study of Swedish adults with gender Identity Disorder, Archives of Sexual Behaviour, 39/6, doi: 10.1007/s10508-009-9551-1, available at: <https://www.ncbi.nlm.nih.gov/pubmed/19816764>

risk of suicide. In many presentations, Mermaids has used statistics which some argue misrepresent the actual position and this can unhelpfully sensationalise the issue thereby causing fear and anxiety among young people and their families.

Mermaids response:

This allegation is denied.

Mermaids stand by their use of statistics and have cited a number of other studies including the Williams Institute Study (2014)²⁸, the Life in Scotland for LGBT Young People (2017)²⁹ and the Canadian Trans Youth Health Study Alberta³⁰ which support their expressed view that transgender young people experience a higher risk of suicide.

Further background:

Mermaids use suicide figures from the Stonewall School Report (2017) which find that almost half of transgender school pupils (45%) in the UK have attempted suicide.³¹

Some commentators³² strongly challenge these figures suggesting there are fundamental weaknesses which undermine claims that the risk of suicide is so high. They argue that the methodology was challengeable and other studies have reported high risk but at lower levels than the Stonewall figures.

Information provided by the Tavistock Gender Identity Development Service (GIDS) found that the rate of suicide attempts was 12.3% amongst natal males (N=81) and 13.9% amongst natal females (N=137), and suicidal ideation was between 33% and 38% amongst both groups of subjects.³³

The further background from the Tavistock, GIDS suggests that “many young people who present to gender services are not necessarily distressed. Young people who are well supported by their family and receiving ongoing psychological support, seem to cope well with their gender incongruence. Similarly, suicide is extremely rare.”³⁴

It should be noted that the Samaritans express concern on the portrayal and reporting of suicide and the sensationalising of statistics as this can have a detrimental effect on the wellbeing of young people and their parents.

A systematic review published on JAMA Pediatrics in 2018, a peer-reviewed medical journal published by the American Medical Association, identified 35 relevant studies across ten countries with a collective sample of 2,378,987 heterosexual and 113,468 sexual minority participants aged between 12 and 20 years. It concludes that:

‘LGBT youth had a higher risk of suicide attempts compared with their heterosexual

²⁸ The Williams Institute (2014), Suicide Attempts among Transgender and Gender Non-Conforming Adults,, available at <https://williamsinstitute.law.ucla.edu/wp-content/uploads/AFSP-Williams-Suicide-Report-Final.pdf>

²⁹ LGBT Youth Scotland (2017), Life in Scotland for LGBT Young People, available at:

<https://www.lgbtyouth.org.uk/media/1354/life-in-scotland-for-lgbt-young-people.pdf>

³⁰ The University of British Columbia(2018) Being Safe, Being Me:Results of the Canadian Trans Youth Health Survey, available at: <http://www.saravyc.ubc.ca/2018/05/06/trans-youth-health-survey/>

³¹ Stonewall School Report 2017, available at <https://www.stonewall.org.uk/school-report-2017>

³² Transgender Trend, Suicide Facts and Myths, available at: <https://www.transgendertrend.com/the-suicide-myth/>

³³ Holt, V., Skagerberg, E. and Dunsford, M. (2016), Young people with features of gender dysphoria: Demographics and associated difficulties, Clinical Child Psychology and Psychiatry, 21/1, DOI: 10.1177/1359104514558431

³⁴ Gender Identity Development Service, Evidence Base, available at: <http://gids.nhs.uk/evidence-base>

peers. Looking at each group separately, transgender youth showed the highest risk of suicide attempts compared with homosexuals and bisexuals.³⁵

Another study published in 2018 on the American Academy of Pediatrics Journal found that:

‘More than half of transgender male teens who participated in the survey reported attempting suicide in their lifetime, while 29.9 percent of transgender female teens said they attempted suicide’.³⁶

Conclusion:

A review of peer-reviewed journals suggests:

- There is an overall lack of evidence/research.
- A broad consensus that transgender people are at greater risk of non-suicidal self-injury and suicidality (suicidal thoughts and attempts) compared to the non-transgender population.
- National data doesn’t always easily segment by gender identity or sexuality.
- It is widely accepted this is an under-researched area, and what does exist is typically based on small sample sizes.
- Despite the disagreement about specific suicide rates there is evidence to suggest that children, young people and their families do experience challenges and distress during what is a very difficult time for them and it is accepted that transgender people do experience an elevated risk of suicide.

Whilst Mermaids draws attention to the elevated risk, others have drawn on evidence to caution against irresponsibly using such data at a time when children, young people and their families are both susceptible and vulnerable. The Big Lottery Fund believe that any data or information used should be done so responsibly and thoughtfully given all the audiences for which it is relevant.

10.3 (c) Training courses are delivered in a manner which lacks authority and professionalism. For example, misinformation being given about human chromosomal development.

Allegation:

Topics covered in Mermaids training sessions lacks the strength of an overall robust evidence base and quality assurance, e.g. during the delivery of a course a Mermaids facilitator suggested that sex is not solely determined by chromosomes and that thanks to advances in science the “human race has up to 42 different sets of chromosomes”.

Mermaids response:

Mermaids denies this allegation.

³⁵ Carson, J. (2018) Greater suicide in LGBT youth. Nature Human Behaviour 2, 886. <https://doi.org/10.1001%2Fjamapediatrics.2018.2731>, available at: <https://www.nature.com/articles/s41562-018-0472-7>

³⁶ Toomey, R.K., Syvertsen, A.K., Shramko, M. (2018), Transgender Adolescent Suicide Behavior. American Academy Pediatrics 142:4 available at: <https://www.ncbi.nlm.nih.gov/pubmed/30206149>

They state the training facilitator did not say that sex is not solely determined by chromosomes.

They state that the part of the training session referred to by the Fund related to a discussion of intersex issues. They state there is no scientific dispute that there are numerous possible combinations of chromosomes. They state the facilitator, having made a disclaimer, provided a figure for what she then understood to be the upper amount of the possible combinations of chromosomes.

Mermaids state they recognise the importance of the information presented within their training is as up to date as possible and they review the statistics they use with regard to chromosomal variations and a number of other matters to ensure it reflects current thought as accurately as possible.

Mermaids undertakes to provide scripts to the Fund on this point so that the Fund can continue to be confident the best available statistic are being used.

Further background:

The Big Lottery Fund received correspondence which directed to an audio recording of a training session where such a statement was made. The legitimacy of other statements made during the course were also challenged.

In relation to the chromosomal issue the NHS identifies a range of disorders of sex development which cause a person to have sex chromosomes normally associated with male or female but their reproductive organs and genitals may be of the opposite sex, ambiguous, or a mixture of male and female.³⁷ The World Health Organization also identifies a range of chromosomal combinations which can result in abnormalities in sex development.³⁸

Conclusion:

Any organisation publicly presenting data has a responsibility to ensure the legitimacy of such information. This is particularly important when assuming a specialist and professional role and in discussing matters which may practice, behaviour and understanding especially when working with children.

Organisations run/operated by people with lived experience have an important part to play in educating professionals. However, there is also a responsibility to be clear when they are expressing opinion, describing an experience or stating fact. Mermaids should be mindful of this when undertaking their review of training and engage with relevant professional organisations who may hold such data.

10.3 (d) Mermaids prematurely supports the view that all gender non-conforming children will go on to be transgender

³⁷ NHS UK, Disorders of sex development, available at: <https://www.nhs.uk/conditions/disorders-sex-development/>

³⁸ World Health Organization Genomic Resource Centre, Gender and Genetics, available at: <https://www.who.int/genomics/gender/en/index1.html>

Allegation:

Critics suggest Mermaids conflate gender non-conformity with transgenderism and that this is misleading for children, young people and parents. The inference in much of the negative correspondence received by the Big Lottery Fund suggests that the Mermaids encourages children and their families to prematurely accept/consider that the longer-term outcome for them will be to transition.

Mermaids Response:

Mermaids denies this allegation.

Mermaids state that it does not support the view that all gender non-conforming children will go on to be transgender and that they do not conflate gender non-conformity with transgenderism. They state they do not encourage children and their families to prematurely accept/consider that the longer-term outcome for them will be to transition.

Mermaids stated approach is to promote an exploration of the young person's gender identity from the outset and focus on supporting them in a child-centred way.

Mermaids states that:

- learning from the lived experience of children, young people and their families as being vital in the ongoing evolution and development of supports and understanding in this area;
- its support model is focused on working with children, young people and their families during what is a very difficult, anxious and confusing time;
- it does not assume that everyone who accesses their service is trans; and it has seen many different outcomes for young people whilst exploring their gender

Further background:

Whilst the Tavistock Gender Identity Development Service work to an affirmation approach, they predominately adopt a longer term wait and see model. In fact, on the GIDS website they state only around 16% of clients continue with their gender identification³⁹.

Some argue that studies which purport an 80% desistance rate statistic should not solely be used to develop care recommendations. They call for an inclusive framework that takes children's voices more seriously and will enable a thorough understanding of gender-nonconforming children in order to best determine treatment pathways.

Much of the debate in the area of gender non-conformity is about how gender identity forms, the nature of societal stereotypes, parenting styles, beliefs and biology vs environmental experiences. Nevertheless, there is evidence^{40,41}, that non-conforming

³⁹ Gender Identity Development Service, Evidence Base, available at: <http://gids.nhs.uk/evidence-base>

⁴⁰ Kreher, J. (2016, December 30). Do youth transgender diagnoses put would-be gay, lesbian, and bisexual adults at risk for unnecessary medical intervention? Available at: <http://www.theheteroarchy.com/do-youth-transgender-diagnoses-put-would-be-gay-lesbian-bisexual-adults-at-riskunnecessary-medical-intervention>

⁴¹ Lisa Marchiano (2017) Outbreak: On Transgender Teens and Psychic Epidemics, *Psychological Perspectives*, 60:3, 345-366, DOI: 10.1080/00332925.2017.1350804

gender identity in children is not always related to ultimately being transgender.

Conclusion:

There appears to be a significant difference in the longer-term outcomes for children who use the services offered by Mermaids as opposed to those of the GIDS service and some of the figures suggested in the research. Mermaids say that the vast majority of young people they see will continue with their gender reassignment process whilst the GIDS outcomes appear to be the opposite. It is not clear why this might be the case but there is no evidence to substantiate the inference that this correlation is because of Mermaids support. For example, it is possible that the self-selecting nature of families and young people who choose to access the Mermaids service is a contributory factor.

Robust and trustworthy information as well as mature and insightful ongoing discussion is required. The key driver must be the desire to have the very best outcomes for children and young people who experience issues with their gender identity. It is without question a complex area and there is still a great deal to learn. In this respect transparency is really important and where data is available this should be shared more widely.

Nevertheless, all organisations delivering support to vulnerable children and young people have a duty of care to do this in a safe and protective way whilst respecting individual rights, needs and aspirations. It is vital this is done in a highly responsible manner and is not in any way misleading or prematurely advocating a particular outcome. Mermaids should work with an academic partner/evaluator to explore the reasons why their longer term outcomes may differ from other services such as the Tavistock. The findings of this should form part of the Big Lottery Fund grant management activity.

It should be noted as with any other form of support service users will ultimately decide for themselves if the service offers something of value and meets their needs or otherwise.

10.3 (e) Mermaids adopts an approach which is contrary to scientific evidence and suggested standards for support for children with gender non-confirming experiences Allegation:

Mermaids practice is contrary to and contradictory of accepted best practice standards in the UK as advocated by the Tavistock GIDS service.

Mermaids response:

Mermaids denies this allegation.

Mermaids state their practice is based on the available scientific evidence and in accordance with the approach supported by the World Professional Association for Transgender Health Standards of Care (WPATH). The CEO of Mermaids is presently on one of the WPATH working groups which will contribute to the next version of their Standards of Care.

Further background:

The Tavistock's aim is to understand the obstacles standing between young people and the development of a more settled and confident gender identity and to try and minimize any negative influences from these. They recognise that young people and their families can experience high levels of distress as their gender identity evolves and they try to help them cope with distress and to reduce this where they can.

They emphasise the importance of adopting a longer term developmental approach, the involvement of the family and other social agencies as appropriate and that care should

be provided within a well-integrated and specialist multi-disciplinary team. The Tavistock GIDS service also align with the WPATH standards.

The World Professional Association for Transgender Health (WPATH) Standards of Care are recognised as the best international framework for the psychiatric, psychological, medical and surgical management of gender dysphoria.

Mermaids state they too work within the WPATH Standards. They state their goal is to relieve the mental and emotional stress of children and young people who are gender variant and to promote education and awareness. They state they take an affirmation approach.

The Royal College of Psychiatrists policy statement Supporting Transgender and Gender Diverse People (2018)⁴² argued that denying access to gender affirming treatment is likely to have a detrimental effect on the wellbeing of transgender and gender diverse people.

Mermaids are cited in two NHS documents as an agency delivering support in the field: A Guide for Young Trans People⁴³ and A Practical Guide for the NHS⁴⁴ which signpost families to support. It should be noted that the latter does not appear to have been updated since 2008.

Conclusion:

To the best of our knowledge there is no evidence to support the allegation that Mermaids operate outside of the international WPATH Standards of Care or the national framework. However, the CEO does compare and contrast practices from other parts of the world and this on occasion does challenge the presently accepted standards and practices within the UK.

The Tavistock state that they try to attend the residential workshops run by Mermaids where they speak to children and their families about the issues they face and the GIDS service. The Tavistock also state that they value support groups for parents but that there should be a range of options available. The Tavistock also state that they on occasion their views and the views of Mermaids do not align.

Given the complex nature of the issue, the effect of publicly articulating a position which can be perceived as challenging the status quo can be amplified and contribute the polarisation of positions. The main activities of this grant are to work with parents to set up support groups across the country and to deliver training. In doing this Mermaids should clearly explain the stated NHS position in the UK and provide relevant information, advice and support to families (and others) in a responsible and accountable manner.

10.3 (f) Mermaids encourages families to seek treatments from Private Practice that don't follow UK NHS guidelines

Allegation:

⁴² Royal College of Psychiatrists, March 2018, Policy Statement: Supporting transgender and gender-diverse people, available at: https://www.rcpsych.ac.uk/pdf/PS02_18.pdf

⁴³ NHS UK, Living My Life, Information for people who currently identify as trans or who are beginning to explore their gender identity, available at: <https://www.nhs.uk/livewell/transhealth/documents/livingmylife.pdf>

⁴⁴ NHS, Trans: A Practical Guide for the NHS, 2008, available at: http://www.edinburghtranswomen.org.uk/A_practical_guide_for_the_NHS.pdf

The inference in much of the negative correspondence received is that Mermaids directly refers to a GP whose practice is outside of accepted best practice standards and who is currently under investigation by the General Medical Council.

Mermaids Response:

Mermaids denies this allegation.

Mermaids states it is not involved in any clinical capacity and that its involvement is only to provide information on services and pathways available to children, young people and their families.

Mermaids states it does not encourage families to go to private practice. However, it does provide information on a website about a private practice (regulated by the GMC). Mermaids does not point anyone to any information on private healthcare providers to families unless expressly requested.

Mermaids states that it does not refer directly to any private GP. Mermaids also states that it does not, and would not refer, to any suspended GP.

Mermaids states that linking to a private general practice page is different from linking to a page of any particular doctor, suspended or otherwise. Mermaids keeps the information under constant review and if there is any regulatory or disciplinary issue with any practice to which the site links then Mermaids would remove any link.

Further background:

Gender GP is a private medical practice which is featured on the Mermaids web site as a resource to families. It is publicly known that the Gender GP practice includes a medical practitioner who is currently suspended from practising medicine while a General Medical Council investigation takes place.

As this investigation is current we cannot offer any comment in this respect.

It is the Funds understanding that this particular GP has prescribed puberty blockers to children under the age of the preferred position of the NHS in the UK, however it is unclear whether the actions of the GMC are related to this.

Conclusion:

During the review there was no evidence found that Mermaids has made a direct referral to the private GP. The medical treatment pathway is one of the most controversial issues associated with supporting children with gender dysphoria. This matter featured highly in the correspondence received which was critical of Mermaids.

As stated previously, the pressure on NHS services has increased in line with the increase in referrals over the last few years. The national LGBT survey report⁴⁵ said that of all trans-respondents who had accessed or tried to access NHS gender identity services 80% said that access had not been easy and 68% said that the waiting lists had been too long. It is not clear how many of these respondents relate to children.

Mermaids continues to feature the GP practice on their web site. This has the potential to cause misunderstanding and draw negative attention to the organisation given the controversial nature of the issue as well as leaving the organisation open to such

⁴⁵ UK Government, Equalities Office (2018), National LGBT Survey: Research report, available at: <https://www.gov.uk/government/publications/national-lgbt-survey-summary-report>

allegations. Mermaids should consider the implications of this and review the appropriateness of retaining details of this practice on their website at least until the current GMC inquiry is resolved.

10.3 (g) Criticisms over messages Mermaids gives with respect to children using restroom and changing facilities

Allegation:

Mermaids advocates for transgender children in schools to use their preferred bathrooms and changing facilities. People raising this issue are concerned about the safety of other students' particularly biological female students.

Mermaids response:

Mermaids denies this allegation.

Mermaids states it works within and recommends the adoption of the principles expressed in the Equality Act and that schools, workplaces and public facilities should respect the choice of the individual concerned.

Mermaids are working with others in England to produce guidance for schools etc similar to that available in other parts of the UK.

Mermaids states it acts in compliance with any appropriate guidance issued under the Act.

Further background:

The Equality Act (2010) protects any person from discrimination, harassment and/or victimisation if they fall within the definition of having the protected characteristic of gender reassignment.

Whilst there is guidance for schools which refers to such matters in other parts of the UK this is presently not available in England. It is understood that the Equality and Human Rights Commission is presently working with a number of partners to develop similar guidance.

It is expected this guidance will address a range of issues including different gender definitions, effective safeguarding, tackling bullying, appropriate language, uniforms, pronouns and name change, toilets and changing rooms, sports classes, parental concerns and single sex admissions.

Conclusion:

No evidence has been found that suggests Mermaids are advising that any agency should operate outside of the principles of the Equality Act (2010).

The onus is on each school or public space where children may require using such facilities to work within the expectation of the Act, whilst ensuring they implement their own safeguarding policies thereby protecting children's rights as well as their self-expression and safety.

11. Overall conclusions

11.1 It is clear the area of transgender support is very complex and controversial particularly in relation to children. Mermaids operates within this space. This attracts a great deal of attention to the organisation, their activities and their public facing views.

There are strong opposing ideologies and other statutory and non-statutory organisations working in this field.

11.2 The correspondence received expressed the range of concerns outlined above. Whilst some of these presented their arguments within a safeguarding/legal context, as far as we are aware there were no specific allegations relating to any one individual service user. This issue appears to go beyond the domain of support and treatment pathways and into wider and complex sociological and ideological debates.

11.3 Organisations which are created, grown and operated by people with lived experience may sometimes challenge the systems and society which have given them cause to establish their organisation in the first place. Such organisations play a vital role in helping people and communities to tackle some of our most complex and difficult social issues. As such, they deserve the support of the Big Lottery Fund in order to become the best source of support they can be for their beneficiaries. However, organisations such as Mermaids also carry an important responsibility, especially as they attempt to grow, to ensure their services, communications and training are of a consistently high standard. Mermaids should pay attention to ensuring that their governance, infrastructure and quality assurance are strengthened in line with the growth in their operational activity. They should also work towards strengthening their relationships with other key players working in this field.

11.4 All organisations have a duty of care to those who use their services and to ensure their activities, views and policy positions respect the best standards in their given field. The Big Lottery Fund can consider providing appropriate additional support to organisations to help with their growth, improvement and development and provide knowledge and learning from other activities it funds. Should the England Committee decide to continue funding, these points should be considered as additional conditions of the grant.

11.5 This report has been produced in the context of fierce and passionate debate about what is best for young people with gender identity issues. It is right that important issues are debated, and views strongly held. However, there can also be a failure to listen on all sides. Meaningful and respectful partnership between people with lived experience, their families, professionals, practitioners and academics can be the only way in which fundamental and lasting change is achieved. Young people have not been directly involved in the discourse of this review.

11.6 This review has explored the specific allegations made about Mermaids practice and has not found adequate evidence to support a withdrawal of the grant. However, it has identified some areas in which Mermaids should improve practice, governance, relationship management and quality assurance.

11.7 Mermaids claim to be a user centred organisation, however their advocacy and engagement in controversial debate risks overshadowing the valued front facing direct support platform they provide for children, young people and their families. This proposal is targeted at that level.

12. Recommendations:

12.1 The proposed project is a fit with the Reaching Communities programme, the England Portfolio policy directions and the Fund's People in the Lead approach. As set out above while there are some areas of practice which can be improved we have not found evidence to support the substantive allegations made about the organisation. It is therefore recommended that the grant award is not withdrawn.

12.2 Given the historic lack of Funding and the estimated size of the trans-community this is an important area to fund. The Big Lottery Fund is a funder for everyone, this

community, which is also a marginalised community, is an appropriate destination for our funding.

12.3 Mermaids is an organisation which is developing and maturing fast within a complex environment. As it moves to an operating approach which is a partnership between young people, their families and professionals, it is experiencing challenges and must further consider the robustness of its governance and infrastructure. As is the case with many other grants it is recommended that the Big Lottery Fund provides additional support and agrees milestones that ensure Mermaids has an effective quality assurance system for its communications, support services and training. The England Team should work with Mermaids to identify and agree these key milestones.

12.4 In addition funding staff should work closely with colleagues from across the Fund as well as user groups, professionals, academics, service providers and other funders working in this field to support the ongoing evolution and development of services for children, young people and families experiencing issues with their gender identity.

13. Options for the England Committee

The England Committee may choose to:

- 1 (a) Continue with the grant as awarded.
 - (b) Continue with the grant as awarded with additional conditions and increased monitoring.
 - (c) Make a revised offer of grant with additional conditions and increased monitoring activity.
- 2 Withdraw the grant.

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Martin Cawley
Big Lottery Fund

25th January 2019

Dear Martin,

Big Lottery Fund (the "Fund") review of Mermaids grant

I write again on behalf of the trustees of Mermaids.

Thank you for the document you provided on 21 January 2019 to our Chief Executive Officer Susie Green, setting out the seven allegations that the Fund wishes to put to Mermaids. This letter sets out the responses of the trustees following our careful consideration of those allegations and of the evidence provided in support of those allegations by the Fund.

The appendix to this letter sets out the responses by Mermaids to each of those seven allegations. In respect of each allegation, we have set out what you describe as the evidence and our response. The document provided on 21 January 2019 unfortunately does not set out the Mermaids responses fully or accurately, and so the Fund should instead refer to the appendix to this letter as containing the responses of Mermaids to the seven allegations. This letter and its appendix should be placed before those making the review decision.

Because the Fund is to make what will be a highly significant decision in respect of Mermaids and its beneficiaries, you will appreciate why the trustees wish to bring each of the following general points to the attention of the Fund. The Fund should consider each of these general points carefully.

- (A) The Fund has confirmed that the review decision will not be taken on the merits of the approved application but solely on the ground of whether, notwithstanding the award decision, Mermaids has brought the National Lottery into disrepute. So that this matter can be dealt with speedily, Mermaids has cooperated fully with the review on this basis. As the Fund will appreciate, however, Mermaids has to reserve its legal position on this, as Mermaids believes that a re-evaluation of the application is the correct basis to make a decision in respect of the award.
- (B) The Fund will be aware that as the grant has already been awarded and accepted, there will have to be compelling reasons for it to exercise any discretion to revoke the grant. In particular, before exercising any discretion to revoke the grant the Fund has to:
- (a) put the allegations and the relevant evidence to Mermaids;
 - (b) base its review decision on relevant evidence and considerations; and
 - (c) disregard irrelevant evidence and considerations.

It can only be on this public law basis that the Fund can decide whether the grant would bring the National Lottery into disrepute.

- (C) The Fund can have regard only to what Mermaids has done and/or not done in respect of any finding that it has brought the National Lottery into disrepute. The Fund will therefore be mindful that allegations are not facts and are not evidence of anything Mermaids has done and/or not done. That there has been a mainstream media or social media campaign is not a relevant consideration for the Fund (and although the Fund will be aware that there has now been a significant international show of support for Mermaids, this also would not be a relevant consideration).
- (D) In view of the seriousness of a finding that any registered charity has brought the National Lottery into disrepute, especially when the grant has been awarded and accepted, natural justice requires that the Fund should only make its review decision on the basis of allegations and evidence put to the charity.
- (E) The Fund will also be aware that it is not a specialist regulator and is, of course, not in any position to itself evaluate scientific or health claims, or to second guess specialist bodies. However, it is entirely proper for the Fund to have regard to best practice and the guidance provided by relevant specialist bodies.

For the reasons set out in the appendix to this letter, the responses of Mermaids to the seven stated allegations can be summarised as follows:

- (a) no evidence as to what Mermaids has done and/or not done has been provided in respect of five of the seven allegations;
- (b) in respect of allegations where there is evidence of something Mermaids has done and/or not done, the allegations have not been substantiated;
- (c) Mermaids therefore invites the Fund to find that it has not brought the National Lottery into disrepute as none of the seven allegations are substantiated; and
- (d) Mermaids can and will provide further information to the Fund on an ongoing basis so that the Fund can be confident the National Lottery will not be brought into disrepute.

Mermaids is happy to provide any further relevant information.

Mermaids now hopes that the Fund can now move swiftly to affirming the grant so that the valuable work set out in the application can proceed.

Yours sincerely



Anna Chivers
Trustee

APPENDIX

1. Mermaids favours and lobbies for a medical treatment pathway as a main route to support for children experiencing non-conforming gender identity

1.1 Allegation

The allegation put to Mermaids by the Fund is that Mermaids prematurely pushes for life altering medical interventions before, or instead, of exploring alternative routes.

1.2 Evidence

The Fund has not provided any evidence that Mermaids has done or not done anything which would substantiate this allegation.

Susie Green did not say the statement attributed to her in the document provided on 21 January 2019, and she confirms she does not hold that view.

1.3 Mermaid's response

This allegation is denied.

Mermaids does not "favour", "lobby" or "push" for medical intervention (which should not, in any case, be identified with surgical intervention). That is not the role of the charity.

Mermaids provides a wide range of advice and support to children and their families and that its focus is not medical treatment.

APPENDIX

2. Mermaids promotes questionable statistics in relation to suicidality in children and young people with gender identity issues

2.1 Allegation

The allegation put to Mermaids by the Fund is that Mermaids has asserted publicly that transgender young people are at a greatly increased risk of suicide. The Fund has also put to Mermaids that in many presentations, Mermaids has used statistics which some argue misrepresent the actual position and this can unhelpfully sensationalise the issue thereby causing fear and anxiety among young people and their families.

2.2 Evidence

The Fund has not provided any evidence that Mermaids has done or not done anything which would substantiate the allegation of promoting questionable statistics or misrepresenting statistics, or that Mermaids unhelpfully sensationalise the issue thereby causing any fear and anxiety.

The Fund, however, has provided evidence which relates to this allegation:

- a systematic review published on JAMA Pediatrics in 2018, a peer-reviewed medical journal published by the American Medical Association, identified 35 relevant studies across ten countries with a collective sample of 2,378,987 heterosexual and 113,468 sexual minority participants aged between 12 and 20 years, concluding that:

'LGBT youth had a higher risk of suicide attempts compared with their heterosexual peers. Looking at each group separately, transgender youth showed the highest risk of suicide attempts compared with homosexuals and bisexuals.'

- Another study published in 2018 on the American Academy of Pediatrics Journal found that:

'More than half of transgender male teens who participated in the survey reported attempting suicide in their lifetime, while 29.9 percent of transgender female teens said they attempted suicide'

There is also the Stonewall School Report (2017) which finds that almost half of transgender school pupils (45%) in the UK have attempted suicide.

2.3 Mermaids response

This allegation is denied.

Mermaids relies, as it is entitled to do so, on the evidence of JAMA Pediatrics in 2018 the study published in 2018 on the American Academy of Pediatrics Journal. This is the best available information. Mermaids also relies on the Stonewall School Report.

Mermaids aver that by their use of statistics and have cited a number of other studies including the Williams Institute Study (2014), the Life in Scotland for LGBT Young People (2017) and the Canadian Trans Youth Health Study Alberta which support their expressed view that transgender young people experience a higher risk of suicide.

Mermaids aver that no reliance can or should be placed on no point to the Tavistock "studies" as they are not "studies" at all. The Fund should not place reliance on these documents as if they are "studies". They are instead information released in a raw and non-considered form by way of Freedom of Information requests.

For completeness, Samaritans have not expressed any concern in respect of Mermaids and there is no evidence that Mermaids has sensationalised any information whatsoever.

APPENDIX

3. Training courses are delivered in a manner which lacks authority and professionalism. For example, misinformation being given about human chromosomal development.

3.1 Allegation

The allegation put to Mermaids by the Fund is that the topics covered in Mermaids training sessions lacks the strength of an overall robust evidence base and quality assurance.

The Fund provided the alleged example that during the delivery of a course a Mermaids facilitator suggested that sex is not solely determined by chromosomes and that thanks to advances in science the “human race has up to 42 different sets of chromosomes”.

3.2 Evidence

The Fund has referred to an audio recording of a training session provided by Mermaids.

The Fund has also referred to relevant information from the NHS and WHO.

On 16 January 2019, Mermaids provided the following information to the Fund:

Mermaids' training sessions refer to intersex people briefly and only ever within the context of issues around gender identity. Mermaids does not represent itself as an expert of intersex issues during training sessions and guides attendees to seek advice from intersex experts as and where is appropriate during training sessions.

However, for completeness, the Fund will know that humans have 46 chromosomes: <https://www.nhs.uk/conditions/genetics/> and that there is no dispute that there are variations possible of chromosomes. That there are over 40 is referenced by Amnesty International at page 13 of <https://www.ilga-europe.org/sites/default/files/eur0160862017english.pdf>

'There are more than 40 medical diagnoses of types of variation in sex characteristics'.

3.3 Mermaids response

Mermaids denies this allegation.

The training facilitator did not say that sex is not solely determined by chromosomes.

The part of the training session referred to by the Fund related to a discussion of intersex issues.

There is no scientific dispute that there are numerous possible combinations of chromosomes. The facilitator, having made the disclaimer, provided a figure for what she then understood to be the upper amount of the possible combinations of chromosomes.

Mermaids recognises the importance of the information presented within their training is as up to date as possible and they review the statistics they use with regard to chromosomal variations and a number of other matters to ensure it reflects current thought as accurately as possible.

Mermaids undertakes to provide scripts to the Fund on this point when the grant award is affirmed so that the Fund can continue to be confident the best available statistic are being used.

APPENDIX

4. Mermaids prematurely supports the view that all gender non-conforming children will go on to be transgender

4.1 Allegations

The allegation put to Mermaids by the Fund is that critics suggest Mermaids conflate gender non-conformity with transgenderism and that this is misleading for children, young people and parents and that the inference in much of the negative correspondence received by the Big Lottery Fund suggests that Mermaids encourages children and their families to prematurely accept/consider that the longer-term outcome for them will be to transition.

4.2 Evidence

The Fund has not provided any evidence that Mermaids has done or not done anything in respect of this allegation.

The evidence provided by the Fund does not relate to anything done or not done by Mermaids.

4.3 Mermaids Response

Mermaids denies this allegation.

Mermaids does not support the view that all gender non-conforming children will go on to be transgender.

Mermaids does not conflate gender non-conformity with transgenderism.

Mermaids does not encourage children and their families to prematurely accept/consider that the longer-term outcome for them will be to transition.

Mermaids approach is to promote an exploration of the young person's gender identity from the outset and focus on supporting them in a child-centred way.

Mermaids avers that:

- learning from the lived experience of children, young people and their families as being vital in the ongoing evolution and development of supports and understanding in this area;
- its support model is focused on working with children, young people and their families during what is a very difficult, anxious and confusing time;
- it does not assume that everyone who accesses their service is trans; and

- it has seen many different outcomes for young people whilst exploring their gender.

APPENDIX

5. Mermaids adopts an approach which is contrary to scientific evidence and suggested standards for support for children with gender non-confirming experiences

5.1 Allegation

The allegation put to Mermaids by the Fund is that Mermaids' practice is contrary to and contradictory of accepted best practice standards in the UK as advocated by the Tavistock GIDS service.

5.2 Evidence

The Fund has not provided any evidence that Mermaids adopts any such approach.

The Fund refers to the Royal College of Psychiatrists policy statement Supporting Transgender and Gender Diverse People (2018) argued that denying access to gender affirming treatment is likely to have a detrimental effect on the wellbeing of transgender and gender diverse people.

The Fund also refers to two NHS documents as an agency delivering support in the field: A Guide for Young Trans People and A Practical Guide for the NHS which signpost families to support.

5.3 Mermaids response

Mermaids denies this allegation.

Mermaids avers their practice is based on the available scientific evidence and in accordance with the approach supported by the World Professional Association for Transgender Health Standards of Care (WPATH), the relevant specialist body which is recognised as providing the best international framework for the psychiatric, psychological, medical and surgical management of gender dysphoria. The CEO of Mermaids is presently on one of the WPATH working groups which will contribute to the next version of their Standards of Care.

Mermaids works closely with Tavistock GIDS on an ongoing basis and there is no distinction in their approaches.

Mermaids confirm it does emphasise the importance of adopting a longer term developmental approach, the involvement of the family and other social agencies as appropriate and that care should be provided within a well-integrated and specialist multi-disciplinary team. The Tavistock GIDS service also align with the WPATH standards.

Mermaids accords with the Royal College of Psychiatrists policy statement Supporting

Transgender and Gender Diverse People.

Mermaids confirm they are cited in two NHS documents as an agency delivering support in the field: A Guide for Young Trans People and A Practical Guide for the NHS.

This approach is of a gender affirmative nature and is focused on the experiences of children, young people and their families and they try to be responsive to these.

Mermaids ever its aim is to create an environment where children can be themselves and express themselves in the way that they chose to do so and that parents are involved in all aspects of their services.

APPENDIX

6. Mermaids encourages families to seek treatments from Private Practice that don't follow UK NHS guidelines

6.1 Allegation

The allegation put to Mermaids by the Fund is that the inference in much of the negative correspondence received is that Mermaids directly refers to a GP whose practice is outside of accepted best practice standards and who is currently under investigation by the General Medical Council.

6.2 Evidence

The Fund has not provided any evidence of such encouragement or direct referral.

Mermaids confirms that among the information on its website is a link to Gender GP, a general practice.

6.3 Mermaids Response

Mermaids denies this allegation.

Mermaids avers it is not involved in any clinical capacity and that their involvement is only to provide information on services and pathways available to children, young people and their families.

Mermaids does not encourage families to go to private practice. However, as a responsible body (and in view of the pressures on the NHS) it provides information on a website about a private practice (regulated by the GMC). Mermaids does not point anyone to any information on private healthcare providers to families unless expressly requested.

Mermaids aver that they not refer directly to any private GP. Mermaids also do not, and would not refer, to any suspended GP.

Mermaids avers that linking to a private general practice page is different from linking to a page of any particular doctor, suspended or otherwise. If the practice is lawfully providing services and is regulated by the GMC then linking to it cannot bring the National Lottery into disrepute.

Mermaids keeps the information under constant review and if there is any regulatory or disciplinary issue with any practice to which the site links then Mermaids will remove any link.

APPENDIX

7. Criticisms over messages Mermaids gives with respect to children using restroom and changing facilities

7.1 Allegation:

Mermaids advocates for transgender children in schools to use their preferred bathrooms and changing facilities. People raising this issue are concerned about the safety of other students' particularly biological female students.

7.2 Evidence:

The Fund has not provided any evidence of such advocacy. The Fund has not provided any evidence about the safety of students.

The Fund has referred to the Equality Act 2010. The Equality Act protects any person from discrimination, harassment and/or victimisation if they fall within the definition of having the protected characteristic of gender reassignment.

The Fund has stated it understands that the Equality and Human Rights Commission is presently working with a number of partners to develop similar guidance. It is expected this guidance will address a range of issues including different gender definitions, effective safeguarding, tackling bullying, appropriate language, uniforms, pronouns and name change, toilets and changing rooms, sports classes, parental concerns and single sex admissions.

7.3 Mermaids response:

Mermaids denies this allegation.

Mermaids work within and recommend the adoption of the principles expressed in the Equality Act and that schools, workplaces and public facilities should respect the choice of the individual concerned.

Mermaids are working with others in England to produce guidance for schools etc similar to that available in other parts of the UK.

Mermaids will, of course, act in compliance with any appropriate guidance issued under the Act.