SEXUAL ORIENTATION AND GENDER IDENTITY POLICY FOR SCHOOLS IRELAND

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1. INTRODUCTION

This policy is written for state, co-educational, multi-denominational schools that are underpinned by the following core values:

- Excellence in education
- Care
- Equality
- Community
- Respect

Genspect recognises the needs of each individual and aim to provide a caring atmosphere where personal development is coupled with educational development. We promote inclusivity, tolerance, diversity of viewpoint and equality of access and participation. We cherish and welcome students of all faiths and beliefs, at every level of ability, of any nationality or ethnicity, and of any sexual orientation or gender identity. Schools have a moral and legal responsibility to ensure that each student receives an education free from discrimination and bullying, allowing all students to reach their full potential. This policy is specific to students experiencing issues involving gender identity and/or sexual orientation and reflects existing pastoral, equality, safeguarding and anti-bullying policies.

2. ETHOS OF SCHOOLS

The Board of Management should endeavour to support a school environment that values the dignity of the individual and enables each student to reach their full potential with a commitment to long term physical and psychological health while also recognising the importance of equality, tolerance, and diversity.

This policy outlines our commitment to support each student's developing awareness of their sexual orientation and gender expression. This will be achieved through consultation with the student and in collaboration with parents and guardians. As appropriate, students will have access to support from Guidance Counsellors, Year Heads, Tutors, Subject Teachers, National Educational Psychological Service (NEPS) and any other relevant professionals.

We seek to support a safe school environment, free of bullying, harassment, negative attitudes, or discrimination in relation to issues of sexuality and gender. We aim to ensure reasonable and appropriate accommodations for all students and through our person-centred approach seek to ensure no student is prevented from achieving their potential by ensuring holistic support is available for students' personal, social, physical, and emotional development.

3. RATIONALE

In recent years in Ireland, there has been an increasing awareness of sexual orientation and gender diversity among young people, and this requires an appropriate and supportive response from schools. Ireland has become a more open and inclusive place and our understanding and appreciation of diversity has evolved in this matter. This policy arises from our values of respect & inclusion and reflects current best professional practices. It is written in the context of relevant government legislation and circulars and is a working document that will be reviewed regularly. The following points underpin our rationale to promote and protect the well-being of everyone in school.

- We seek to act justly and promote fairness for all. This policy ensures that all students and staff experience a positive, tolerant, supportive, and inclusive school that recognises & respects a person's developing awareness of their sexual orientation and gender expression.
- We stand in solidarity with those who are at risk of being marginalised. Persons who are gender nonconforming may be at risk of being marginalised – schools work against this through education, care and the promotion of individual rights and responsibilities.
- We wish to protect the wellbeing of our students and staff so that they can be open about their sexual orientation and/or gender expression if they wish, without fear of negative consequences, discrimination, or bullying.
- We acknowledge and respect the dignity of everyone.
- We acknowledge the primary role of parents and guardians in the growth and development of their children.
- We acknowledge a young person's development is a process and seek to avoid definitions that limit the exploratory nature of psycho-social development.

4. SCOPE OF THE POLICY

This policy applies to all students in school and staff who are employed by the school. All school staff have a responsibility for implementing it. In tandem with school policies and legislation, educators should also take a holistic approach to education, keeping in mind their knowledge of adolescent development, identity formation, mental health perspectives, and the individual's search for meaning.

This document is neither a prescribed nor a comprehensive resource and should be read in conjunction with other schools' policies such as:

- Code of Behaviour Policy
- Anti-Bullying Policy
- Acceptable Internet Use Policy
- Social Media Policy for Staff
- Dignity in the Workplace Policy
- Data Protection Policy
- Child Safeguarding Policy
- Enrolment/Admissions Policy
- Equalities Objectives Policy
- Whole School Guidance Plan

5. AIMS

- To respond to the needs of students who are becoming aware of their developing sexuality.
- To provide appropriate support for gender nonconforming students when required
- To provide appropriate support to students who identify as gay, lesbian, bisexual and/or transgender when required.
- To provide a safe and professional school atmosphere that promotes acceptance of diverse expressions of sexuality and gender.
- To develop a school culture in which harassment, or bullying of individuals is not acceptable on any basis.
- To engage collaboratively with parents and guardians, as the primary educators, in the best interests of students

- To provide links to relevant external agencies for parents and guardians requesting professional support for their children or their families.
- To equip staff with the necessary skills and understanding to respond appropriately to issues related to sexual orientation and/or gender identity of students.

6. OBJECTIVES

- To develop a whole school approach that respects the needs and dignity of those who are gender diverse, gay, lesbian and/or bisexual.
- To educate students on the nature of sexuality and gender
- To protect the privacy and confidentiality of personal records
- To provide staff training on sexuality and gender and appropriate professional behaviour
- To put in place reasonable practical accommodations, where possible, to meet the needs of vulnerable students and/or staff.
- To adopt fair and reasonable ways to deal with sexual orientation and gender diversity in school communication.
- To encourage and foster positive and collaborative partnerships with parents and guardians.
- In the rare instances when an individual is undergoing medical and/or legal transition, to ensure the appropriate supports are available and to involve all those who need to know.

7. IDENTITY FORMATION

Identity formation, including awareness of sexual orientation, is an important psychosocial stage of development for young people, usually between the ages of 12 and 25.[1,2] It is not helpful for schools to concretise a young person's identity while they are in the midst of identity formation as this can foreclose opportunities for exploration and future change. Schools can best respect their students' search for meaning and personal identity by creating space for uncertainty and exploration and remaining supportively neutral as to outcome or direction.

7.1 SEXUAL ORIENTATION

Sexual orientation is an enduring pattern of romantic or sexual attraction to persons of the opposite sex, the same sex, or to both sexes (heterosexual, gay, lesbian or bisexual, respectively). Puberty can be particularly difficult for gay, lesbian or bisexual young people. Peer-reviewed research shows that many children who are gender nonconforming before or during puberty, as adults are same-sex attracted – for example, in a 20-year follow-up of children, it was found that adulthood homosexuality was 8 to 15 times higher for participants with a history of gender nonconforming behaviour.[3]

Unfortunately, prejudice around sexual orientation is common in families and in society and this may be problematic for many young people. Issues such as internalised homophobia, externalised homophobia, and homophobic bullying can be discussed with sensitivity in the classroom environment, which may aid in ensuring a supportive and accepting school environment.

Internalised homophobia is especially pernicious; in recent a study of 100 detransitioners, those who underwent medical gender transition then sought to reverse back to their biological sex, "homophobia or difficulty accepting themselves as lesbian, gay, or bisexual was expressed by 23.0% as a reason for transition and subsequent detransition."[4] The SPHE/RSE Curricula can incorporate references to gender diversity and sexual orientation, appropriate to the age group in question and may prompt classroom discussions and encourage self-acceptance. Prescribed material provides opportunities for learning about sexual orientation and gender nonconformity, taking into consideration age, maturity, cognitive development, and social and emotional needs of the student.

7.2 GENDER IDENTITY

Gender identity relates to culturally influenced, societal expectations of behaviour, aptitudes and appearance based upon masculine or feminine stereotypes prevalent in various cultures. Gender identity is said to refer to one's internal feelings (for example, male, female with each of these either being consistent or inconsistent with and individual's biological sex or non-binary,

meaning neither male nor female), while sexual orientation describes ones affectionate or erotic response to other people (for example, whether one is heterosexual, homosexual, or bisexual).

Gender identity theory posits that we all have a deeply felt, inherent gender identity within us, and that this identity may or may not correspond to a person's sex.[5] Many people do not subscribe to this belief,[6] and argue instead that we are simply born in — and as — bodies, and that we are influenced by gender roles during our development (for example, as a result of our hormones and societal expectations).

The concept of gender identity has become a heightened and controversial issue. While acknowledging the controversies and gaps in the current knowledgebase, it is imperative that schools continue to offer the most appropriate support available by cautiously relying upon the best quality evidence to shape our understanding. All theories that are supported by good evidence should be heard, studied, and debated in a respectful manner in educational settings in manner that supports diversity of opinion and promotes tolerance towards other people's beliefs.

7.3 GENDER EXPRESSION

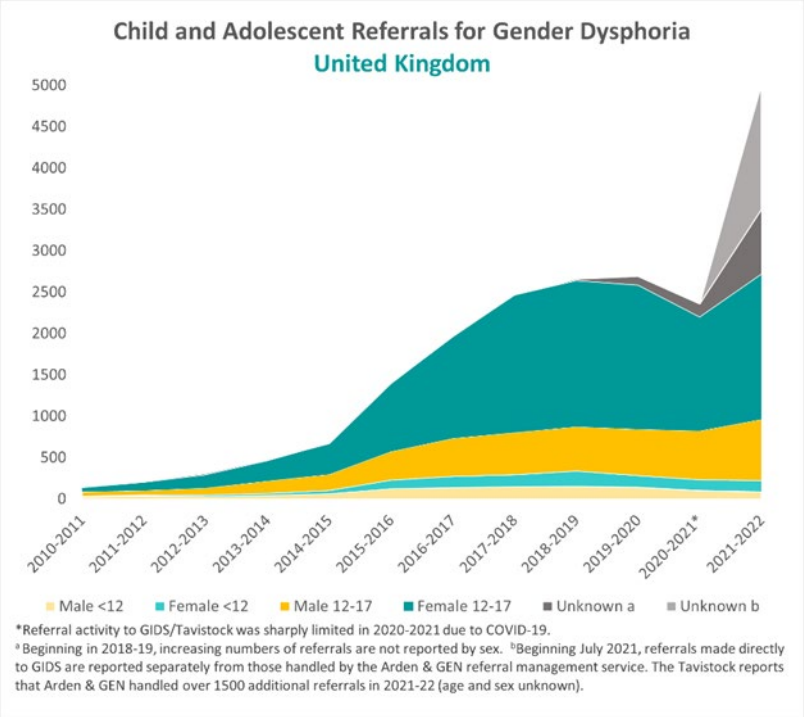
Gender expression refers to outward behaviour, for example, mannerisms, grooming, preference for colours or types of toys or sports, social interactions, and speech patterns. Some people describe these cues as masculine or feminine, although what is considered masculine or feminine changes over time and varies across culture. Other people simply describe this as a person's personality or sense of style.

Gender expression is primarily impacted by personality, fashion, individuality, and cultural context. For some children with gender dysphoria (see below) gendered uniforms can cause distress, and students may request permission to wear opposite-sex uniforms. Some schools choose to offer a flexible approach to accommodate distressed students, for example, having rules around make-up, jewellery or hairstyle that are free from gender expectations and so either everybody can wear certain styles, or nobody can.

7.4 GENDER DYSPHORIA

Gender dysphoria is the distress caused by a discrepancy between an individual's sense of their gender and the primary or secondary sex characteristics of their bodies. As defined by the DSM-5, "Gender Dysphoria" is a psychiatric diagnostic category defined by specific sets of criteria that refers to clinical and significant psychological gender-related distress.

Recently, unaccountably, there has been a 2100% increase among Irish children (under 18s) presenting to clinics with gender-related distress.[7] Further, there has also been a sudden switch in the sex of referrals[8] with a 4000% increase among UK females under 18s.[9] Similar reversals in sex ratio and increases in referrals of young females is also documented in Ireland.[10] The latest data from the Gender Identity Development Services (GIDS) at the Tavistock and Portman clinic in London document the continued sharp rise[11] with a total of 5085 referrals as of July 2022.[12]



GIDS data presented by Society for Evidence-based Medicine.[29]

Previously, the majority of those presenting with gender dysphoria have been young boys and adult men. There is no long-term research available on this new cohort of adolescent females. In a recent interim report from a UK Independent Review of Gender Identity Services for Children and Young People, Dr Hilary Cass identified adolescents with gender dysphoria to be a particularly vulnerable group:

> "The mix of young people presenting to the service is more complex than seen previously, with many being neurodiverse and/or having a wide range of psychosocial and mental health needs."[14]

Until very recently gender-distressed Irish children were treated at GIDS at the Tavistock and Portman. A recent study from GIDS[15] found that 48% of youth referred to their service scored in the mild to severe range for Autistic Spectrum Disorder (ASD). In a recent Sunday Independent interview, Dr Paul Moran, consultant psychiatrist from the National Gender Services (NGS), explained how the recent surge in numbers has been caused by a huge increase in people with autism seeking medical transition. "Five years ago, roughly 20% of NGS cases involved people with autism; this number is now approaching 90%."[16]

Gender Dysphoria is also closely linked with ADHD[17,18] and obsessive-compulsive disorder (OCD)[19,20,21] depression, anxiety, and self-harm.[18] A peer-reviewed study of 256 parents of gender-distressed young people[4] reported that 63% had other diagnoses such as a psychiatric disorder or a neurodevelopmental disability. This study also noted that social contagion via peers and social media may be a mediating factor for gender dysphoria among this new cohort. As such, schools need to be cognizant of how the role social contagion may operate in schools and through larger socio-cultural factors. The "spread" of eating disorders in adolescent girls in the past maybe seen as a parallel to the spread of gender dysphoria and trans-identification.

7.5 LGBT+ BULLYING

The LGBT Ireland Report found that 50% of the lesbian, gay, bisexual or transgender (LGBT+) people who participated in the survey had been bullied in school.[22] It is important to recognise that bullying is a very complex issue; a 2021

peer reviewed study from Finland found that having a transgender or non-binary identity is associated not only with being bullied but also with being the perpetrator of bullying.[23]

It is also important to note that the LGBT Ireland Report also found many positives: most participants rated their school as 'somewhat' LGBTI+-friendly and 72% felt a sense of belonging in the school (20.3% reported that they felt they 'completely belonged' while 52% said that they 'somewhat belonged').[22] A recent scoping review produced by the Health Promotion Research Centre, National University of Ireland Galway and published by the Department of Equality, Disability, Integration and Youth studied research on LGBT+ youth across Europe since 2000 and found that:

> "Despite the overarching victimisation and at-risk narratives, there are many LGBTI+ young people who live in warm and caring families, have supportive social networks, attend a school where they feel safe, and in general have a happy and fulfilling life."[24]

Schools continue to ensure that all uninvited and undesired attention or bullying will be addressed in line with the guidelines of directives and schools anti-bullying policies.

7.6 DESISTANCE AND DETRANSITION

The term "transition" has been applied to the process of shifting from one gender expression or identity to another. "Social transition" involves changes in gender expression socially while "medical transition" involves prescribed medication and surgical procedures. Desistance is the process of reversing a social transition (e.g., by reverting to the original name and pronoun). Desistance typically implies that an individual who was once seeking medical transition is no longer doing so. Because gender expression is such a public phenomenon, schools need to be sensitive to any individual who may wish to desist. Desistance can often be a deeply private and distressing process as it can involve both a loss of community and a loss of a set of beliefs and the young person may not want excessive attention due to feelings of embarrassment.[25] Children are exquisitely sensitive to the reactions and behaviour of their peers. While transitioning is described in

books and media that children may have seen, often in a positive light, desisting has not been widely publicised. Thus, other students may not understand an individual's returning to a previous name or style of presentation.

Detransition occurs when a person reverts his or her gender presentation back to his or her biological sex, by stopping medical transitioning procedures and undertaking medical steps as needed to revert the secondary sex characteristics induced by medical transition, or by identifying as the opposite sex to identifying as non-binary (which may be an intermediary step). The individual may require a significant level of professional support as this can be a prolonged and traumatic process.[26] It is also important for school staff to note that due to the political nature of transgender debates, detransitioners are often alienated from their once-supportive transgender community. These factors make detransitioners particularly vulnerable.

7.7 SUICIDALITY

Any discussion of suicide is of the utmost importance both to families and to educational institutions. A recent study using a large data set of youth seeking treatment at the GIDS at the Tavistock and Portman Foundation, found that the rate of completed suicide was 0.03% over a 10-year period. While this is low, it is 5.5 times greater than the suicide rate of adolescents of similar age.[27] Although there is much discussion about the increased risk of suicidality in those identifying as transgender, little is understood about the cause of suicidality in this population. It is well documented that those identifying as transgender are also at risk of other mental health conditions.[18,28] This is also true of the new cohort gender dysphoric adolescents who present with significant mental health and neurodevelopmental conditions.[14] Since these conditions in of themselves[28,29] are also associated with suicidality and multiple comorbidities significantly increases the risk of suicidality,[31] it would be prudent to not attribute the increased risk of suicidality simply to being transgender. Further, it is important to note that an unacceptably high risk of suicide continues post-affirmation and post-medical transition.[27,32, 33] It is important for school staff to know that social transition has not been shown to reduce suicidality. Students at risk for self-harm and suicidality should always be carefully assessed and directed to evidence-based suicide prevention protocols.

8. CURRENT TERMINOLOGY

In recent years the language and acronyms around Sexual Orientation, Gender Identity and Gender Expression have evolved and because they continue to do so, the language and definitions in policies will need continued attention.

- Sex - Sex refers to either of the two main categories (male and female) into which humans are divided based on their physiology. Sex relates to biology. A person's sex is discernible by the gametes they produce or have the potential to produce. A person who produces sperm is male. A person who produces eggs is female. We cannot change sex through hormones or surgeries. Physical sex differences are important, and are acknowledged within society, whether in single -sex toilets, changing-rooms, and accommodation, or most sports. Within schools, sex is also significant in biology lessons and within curricular materials on sex education.
- Chromosomes – A structure found inside the nucleus of a cell that is made up of proteins and DNA organized into genes. Humans body cells (somatic) contain 23 pairs of chromosomes, one set from each parent. Our gametes, however, have only one set of chromosomes. All eggs have an X chromosome. Each sperm carries either an X or Y chromosome. When an egg is fertilized (zygote) the egg's X chromosome is combined with either an X or Y chromosome from the sperm, resulting in somatic cells that are either XY (male) or XX (female). People with a disorder or difference in sexual development (DSD) or what was once known as an intersex condition may have a different set of sex chromosomes.[34]
- DSD (Intersex) – An umbrella term for the >40 different conditions where sexual development does not rigidly adhere to the typical male or female pathway, including, for example, Klinefelter Syndrome, Androgen Insensitivity Syndrome, and Congenital Adrenal Hyperplasia. These conditions are rare, seen in approximately 0.018% of the population,[35] where a person who has reproductive or sexual anatomy that would be considered atypical because it doesn't fit the standard appearance of male or female, such as someone who has both a vulva and testicular tissue. A person with a DSD will typically only produce a single type of gamete or be infertile.

- Gender - The range of characteristics pertaining to femininity and masculinity and the differentiation between them; this construct refers to social and cultural similarities and differences rather than biological or medical ones.
- Gender Fluid - Gender identity or expression that varies over time.
- Transgender - An umbrella term which refers to any person who identifies as transgender, this can be used when a person's gender identity and/or gender expression differs from their biological sex.
- Non-Binary - A gender identity where an individual's sense of self is neither male nor female as it falls outside of the binary of boy or girl, man, or woman. Non-binary individuals are considered transgender.
- Social transition - The process of changing one's name, within a social context. Social transition can include the use of different pronouns, different names and/or different gender expression (such as clothing or hairstyle) to present as a different gender.
- Legal transition - The process of changing your name, within a legal context. Legal transition requires changes made on legal documents such as birth certificates, passports etc.
- Medical transition - A range of medical interventions (such as hormones and surgeries) undertaken to physically present as a different gender.

9. POLICY AND PLANNING

It is important that issues related to sexual orientation and gender diversity are addressed on a whole-school basis, involving students, staff, parents, guardians, relevant professionals, and the Board of Management. The statutory responsibilities of the Board of Management are important with regards to governance and whistle-blowing policies in terms of school culture and practices. Teachers may require further information and training to ensure competent and confident responses by school personnel and it is essential that schools review their policies as often as necessary. Some specific guidelines below are outlined to help schools to develop and review their own policies and procedures and are not meant to be either prescriptive or exhaustive. We are conscious that this is an area of currently in flux and await further research and more definitive guidelines from the Department of Education.

10. PRIVACY, CONFIDENTIALITY AND WORKING WITH PARENTS AND GUARDIANS

Everyone has a right to privacy. Confidential information should only be disclosed with the person's prior consent; schools should, however, collaborate with parents and guardians for the best possible outcomes. Gender Dysphoria is a complex phenomenon that is beyond the remit and training of educators which is why schools should consult directly with parents and guardians of any affected students to determine the most appropriate support the school can provide. Unless there is good reason to believe that parents are unfit, schools should assume that parents have their child's best interest at heart and are in a better position to determine what is best for their child. Social services must be involved if the school believes a child is unsafe.

11. RECORDS

School authorities need to maintain professional records according to the legal requirements and retain records in the legal name/pronoun of the individual. This helps to avoid confusion in correspondence and communications. If a person wishes, the school will change an individual's official records to reflect a change in name/gender upon receipt of official relevant documentation.

12. SCHOOL INFRASTRUCTURE

The school infrastructure includes the school environment, policies, procedures, guidelines, surveillance cameras, online presence, and facilities such as toilets and changing rooms. When considering any changes to school policy, it is recommended that a full audit of the school's facilities is undertaken along with a Risk Assessment and Impact Assessment with input from students, staff, ancillary staff, parents, guardians, and the Board of Management.

13. SOCIAL TRANSITION (CLOTHING GUIDELINES, USE OF NAMES & PREFERRED PRONOUNS)

Social transition is the term used to describe the process where an individual decides to change their social identity. Social transition is a new psychosocial intervention that has become very popular in recent years. Social transition often includes a change of

name and a change of pronouns (for example, she/her, he/him, they/them or ze/zir) that the individual believes better matches their inner sense of self.

Each school has the right to operate according to their own ethos and so social transition is a matter between the student, the school, the parents, the guardians, and the relevant mental health professionals. However, in light of the recent Cass Review,[14] schools need to be aware that social transition is not a neutral act and that teachers are not qualified to carry out this "active intervention". For this reason, it is recommended that schools ensure there is clinical supervision in the form of a mental health professional who is willing to oversee the social transitioning process. Social transition is a significant decision and so it should only be undertaken with parental agreement and full agreement from the relevant school staff that it is appropriate for both the student and the school body. As the Cass Review states: "it is important to view it as an active intervention because it may have significant effects on the child or young person in terms of their psychological functioning. There are different views on the benefits versus the harms of early social transition. Whatever position one takes, it is important to acknowledge that it is not a neutral act, and better information is needed about outcomes." (p62-63) [14]

When carrying out an impact assessment, staff need to consider the needs of the individual and balance this with the needs of other students as well as that of the school staff. Schools should also consider how often or how many social transitions an individual student can undertake within the school year as several changes can cause confusion to other students, particularly those with neurodevelopmental conditions and/or school staff. When changes to name or pronouns are requested by a student, individuals should be asked to provide the legal documentation necessary for changing official records such as those for SEC/DES purposes.[34]

14. MEDICAL AND /OR LEGAL TRANSITION

When students are undergoing the process of medical and/or legal transition, the school's response will be caring and inclusive with the student at the centre of its response. The student will be provided with the appropriate supports and the school will endeavour to make reasonable arrangements and accommodations for such students. Continued collaboration between students, parents, guardians, school staff, and involved mental health professionals is highly recommended.

15. FACILITIES AND EXTRA-CURRICULAR ACTIVITIES

The issue of facilities such as changing rooms/toilets/bedrooms on school tours may need to be both risk addressed, and impact assessed for students undergoing medical and/or legal transition. Extra-curricular activities, visits to other schools, domestic and/or foreign residential tours and any students' Special Educational Needs need to be carefully risk assessed, impact assessed and reviewed.

Within the context of its existing constraints, schools will endeavour to put in place practical arrangements to facilitate students to use facilities in ways that respect everybody's dignity and need for privacy. This may involve the provision of single-occupancy toilets, single-occupancy changing rooms and private cubicles. Any redevelopment of schools will present an opportunity to make such provision where possible.

Puberty is difficult for many adolescents. This may be due to difficulties they encounter relating to menstruation and puberty as well as gender. In other words, it is not just be the students' requesting accommodations who should be borne in mind when it comes to the provision of toilets and changing rooms. Single-sex spaces are essential for all students who require privacy, and the rights and dignity of all students must be kept in mind and balanced accordingly. To ensure the safety and privacy of all pupils, a third space should be provided to allow those who wish to use this gender-neutral space.

16. SOCIAL GROUPS AND AWARENESS CAMPAIGNS WITHIN SCHOOLS

LGBT+ clubs can be student driven or organised, clubs should be overseen by school staff to ensure that they are safe, welcoming, and inclusive. While it can be productive for students to self-organise, and should not be impeded, it is equally important that a good deal of forethought and analysis is given to such groups.

A "diversity, inclusion and equality group that promotes fairness, understanding and humanity," for example, could be more helpful and inclusive than an LGBT+ club. Clubs that are focused on public service such as helping disadvantaged people or clubs to help students explore potential future careers would be helpful for teenagers who are in the midst of developing their sense of personal identity and are becoming more aware of societal values, responsibilities and their place in society as they mature into adults. Pro-social clubs that promote helping behaviour are also ideal for students. These clubs

are characterised by a concern for the rights, feelings, and welfare of other people. This includes having respect and tolerance and feeling empathy and concern for others regardless of specific group membership. Clubs such as these are appropriate for teenagers who are seeking a meaningful set of values as they form their personal identities. Belonging, Empathy, Respect, and Trust (BERT) groups offer a similar ethos. Likewise, specifically targeted weeks such as Stand-Up Awareness Week can be used for students to take a stand against homophobic, biphobic and transphobic bullying and or any other group. It is arguably more inclusive and fairer for a school to have an "Upstanders Week" where everyone is encouraged to be an upstander to everyone who is vulnerable to bullying. Many schools do anti-bullying weeks and mental health awareness weeks. Well-being weeks can be equally as positive.

All these alternate approaches are more inclusive and arguably more valuable as they provide opportunities for all students to bond over shared qualities such as common humanity, decency, moral courage, and contributions towards a better society than over a limited set of qualities such as sexuality or gender identity. It is an underacknowledged fact that altruism can be very positive for our sense of wellbeing.[36,37] Groups that are very limited to specific identities often encourage inward focus on the self. This inward focus on identity seldom improves mental wellbeing and often leads to further unanticipated challenges to their mental health.

Further, it is important that schools don't choose to focus on the needs of one section of the student body while others, who feel equally ill at ease and face similarly difficult challenges for various reasons, don't receive similar attention. For this reason, more comprehensive clubs and awareness weeks can be more beneficial to schools than LGBT+ Awareness Week and LGBT+ clubs.

17. SPORTS TEAMS

Schools work extremely hard to provide opportunities for students to take part in team sports. We are keenly aware that this is a sensitive and challenging area for students in the wider LGBT+ community and will continue to work with those impacted, providing support to ensure their ongoing involvement with requests to play on teams according to their gender identity rather than their biological sex at birth. Recent peer-reviewed research provides evidence that there are physical differences between males and females, particularly after puberty. Advantages in strength and muscle mass, stamina,

cardiovascular and power producing capacity brought about by male puberty are significant and retained even after hormone suppression.[38] Our guidelines, which are in line with other sporting governing bodies, require that contact sport for players in the female category is limited to those whose sex was recorded as female at birth and vice versa. In addition, where possible, opportunities are offered for everyone to join the mixed-sex sports teams.

18. BULLYING/HARASSMENT/DISCRIMINATION

Schools should be committed to a policy of non-discrimination and promotes respect for sexual orientation and gender identity among staff and students. Any issues that arise in relation to bullying in this context, or any other context will be dealt with under the schools existing policies and existing legislation.

19. CURRICULUM

The curriculum should include opportunities to discuss LGBT+ issues in a way that provides students and teachers with knowledge and skills and the capacity to discuss beliefs in a safe and respectful manner. In this way, the curriculum promotes respect and dignity for all. Lessons and school material should also consider the age appropriateness.

19.1 SPHE/RSE EDUCATION

The SPHE/RSE Curricula will incorporate references to gender diversity and sexual orientation, appropriate to the age group in question. Schools may choose to incorporate explicit references to issues of sexuality and gender appropriate to the age group in question in the curriculum.

19.2 PHYSICAL EDUCATION

The safety of everyone needs to be considered with regard to physical education. This should be assessed with a Risk Assessment and an Impact Assessment so the school can decide upon the most appropriate protocol.

20. EXTERNAL SUPPORT

Schools may need to bring to the attention of its students and families, the wide range of supports that are available from external agencies. A full list of the supports available in the school's local community should be complied and made available to the school community.

There is a diversity of approaches in relation to sexual orientation, gender identity, gender expression and the ways that these phenomena interact. We advise that schools consult with various organisations and resources with a view to understanding these different approaches so that recommendations are only made from an informed viewpoint. The school may on occasion caution against participation where there are concerns about the best interests of the child being appropriately served.

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