

LET'S CHANGE
THE PAGE



WEBINAR #3 report

**DEVELOPING EDUCATIONAL, HEALTHCARE AND LEGAL
FRAMEWORKS TO SUPPORT TRANS* CHILDREN AND YOUTH**



Co-funded by the
Erasmus+ Programme
of the European Union

Trans* children are our children, and we want them to be loved! But are they? Are they receiving the care and support they need? In the community and the schools, health care; in the spaces of life; in their families and relationships; in legal frameworks and governments! These are the questions that the Erasmus+ project "Let's Change the Pace" seeks to address and bring to the attention of policymakers, governments, and allies willing to know and act.

Transgender rights and needs have been widely discussed in society, and significant progress has been made in many countries. However, much work still needs to be done to achieve full equality for gender non-conforming people.

Let's Change the Pace is a project run by ENP in collaboration with Drachma (Malta), Agedo (Italy), AMPLOS (Portugal), Grupa-IZADJI (Serbia), and Ampgyl (Spain), co-funded by the Erasmus+ Programme. The project includes three series of webinars and a live conference.

WEBINAR 3

The third webinar within the Erasmus+ project "Let's change the pace!" – how are European trans* and gender diverse children doing?", deals with the health issues of transgender and gender non-binary people from various aspects – such as medical, legal and economic. Over the course of two days – June 21. and 22. 2022, the webinar brought together more than 50 participants from various European countries. The webinar was organized by the non-governmental organization AMPGYL from Spain and the parent group at the Social Center IZADJI (COME OUT) from Serbia. Other partner organizations in the project: AGEDO from Italy, AMPLOS from Portugal and DRACHMA from Malta, as well as the main holder of the project, ENP – European Network of Parents of LGBT+ Persons, gave their proposals and suggestions during the preparation of the webinar, provided by some of the participants in the form of experts and parent – activists, as well as webinar moderators.

The key topic of the webinar was an overview of important issues related to the health of transgender and non-binary children and youth, that is, the availability of appropriate health care for this vulnerable population and the obstacles that stand in their way. During the preparation of the webinar, health and healthcare were viewed from a broader perspective, which, in addition to the medical, includes the legal and economic dimensions, as well as the social sphere and acceptance, or lack thereof. In doing so, it was guided by the integral definition of the World Health Organization (WHO) from 1948¹, according to which "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity", but also the elaborated one from 1986, where it is stated that in order to reach health "an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment."² The main determinants of health, according to the

¹ World Health Organization – Constitution <https://www.who.int/about/governance/constitution> retrieved on 01/04/2023 at 10am

² The continuation of the explanation reads: "Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities." World Health Organization (1986). The 1st International Conference on Health Promotion, Ottawa <https://www.who.int/teams/>

WHO, include the social, economic and physical environment, as well as individual characteristics and behaviors¹.

In accordance with the key topics covered by the webinar, guest experts and activists with experience in working with transgender people, and/or parents of a transgender and/or non-binary child, were:

- Jelena S. Vidić, psychologist, psychodrama psychotherapist and activist from Serbia with many years of experience in providing psychological support to marginalized groups of people, including transgender people; PhD on the topic "Identity and experiences of stigmatization of transgender persons in Serbia";
- Saša D. Lazić, a lawyer and activist from Serbia, originally from Romania, a transgender person with many years of experience in providing legal support;
- Alessandra Foglianese, pediatrician from Italy (AGEDO) and mother of a transgender child;
- Anna Maria Fisichella, mother of a transgender child from Italy, who presented the non-governmental Alias Career inclusive tool, which enables trans and non-binary children to use their chosen name and personal pronoun in the schools they attend;
- Toni Adam, psychiatrist with more than thirty years of work experience, mindfulness teacher and activist from Spain;
- Ana Rodríguez, pedagogue and primary school teacher in Stockholm, worked as a coordinator at the Egalia school, studied gender issues;
- Gian Marco Negri from Italy, lawyer, LGBTIQ+ rights activist and mayor of a neighborhood near Milan;
- Marta Ramos from Portugal, moderator of the webinar in front of ENP, long - time activist for the rights of LGBT+ persons;
- Louisa Grech from Malta (DRACHMA), moderator of the webinar in front of ENP, educator, mother of a transgender child and long - time activist for the rights of LGBT+ persons.

The webinar was opened and the welcome speech was given by the then president of ENP, Margarida Faria from Portugal (AMPLOS), sociologist, university professor and long - time activist for the rights of LGBT+ people.

[health-promotion/enhanced-wellbeing/first-global-conference](#) retrieved on 01/04/2023 at 11am

¹ World Health Organization. *The determinants of health*. Geneva.

“the webinar brought together more than 50 participants from various European countries”

“an overview of important issues related to the health of transgender and non-binary children and youth”





Necessary faster and deeper improvement of healthcare

Transgender and non-binary people are among the most marginalized groups in society and are exposed to various forms of violence and discrimination – both on a structural and individual level – according to the results of research conducted in Serbia¹. 71 people, including transgender women and men, as well as non-binary people, participated in the research, that was carried out by webinar participant, psychologist Jelena S. Vidić, in 2021.

The results of the aforementioned research confirm that transgender people in Serbia are exposed to violence and discrimination in different periods and spheres of life, as well as the fact that they do not feel safe, as a result of which they often hide their gender identity. In the field of medical gender affirmation treatments, as priorities for improvement, the surveyed transgender people state the following: regulation of the problem of hormone shortage, education of health workers on working with transgender people, individualization of treatment and decentralization of services. Among transgender people, there is

¹ Vidić, J. Positions and needs of transgender and non-binary persons in Serbia. Serbian citation index: 2021. vol. 24, no. 1, p. 75-99. Retrieved from: <https://scindeks.ceon.rs/article.aspx?artid=0352-73792101075B> retrieved on 01/04/2023 at 9am

an expressed need for psychological support, as a result of which mental health experts should better understand the specifics of transgender people's lives.

According to the psychologist, psychodrama psychotherapist and activist Jelena S. Vidić, the necessary improvements in terms of improving healthcare for transgender people are not happening fast enough. Vidić states that the centralized and monopolized position of the health team that deals with gender adjustment, which is located in the capital, Belgrade, causes significant difficulties for transgender people in Serbia. This particularly affects transgender people who live in remote, rural areas – for whom the journey to access specialists is practically twice as long.

On the other hand, access, or lack of access to appropriate health care, significantly depends on the family – on the acceptance and understanding of the transgender child within the family, information about complex procedures, but also on the family's financial capabilities. In addition, the prevailing conservative society – such as in Serbia – hardly accepts diversity, which adversely affects transgender children and young people.

The procedure in Serbia is such that a psychiatrist's diagnosis is necessary for the formal initiation of the transition. This means that it is practically impossible for transgender children and young people, usually before coming of age and obtaining a psychiatric diagnosis, to have regular access to hormonal therapy and puberty blockers, notes Vidić. Therefore, blockers and hormones are often obtained through unofficial means, or possibly through some doctors who work (and) in private practice.

On the other hand, the complex procedure, and the centralized and monopolized position of the health team, especially affects transgender children, young people and people living in remote, rural areas – where often neither doctors nor transgender people are sufficiently familiar with the demanding procedure. In such an insufficiently informed and sensitized health environment, transgender people are often forced to come out when they don't want to and to whom they don't want to.

Although there are some improvements in the approach to non-binary people, Vidić notes that changes in practice are not happening fast enough and deep enough. Also, the results of research among healthcare workers in Serbia indicate that they have many prejudices about transgender people. Stigma and

lack of knowledge about gender issues are expressed among professionals not only in healthcare, but also in education. All the more, transgender children and young people need support – for which, however, there are not enough centers or experts.

Taking into account the numerous difficulties faced by transgender people in Serbia, Vidić sees opportunities for improvement in providing support to informal practices and strategies aimed at raising the quality of life of these people. This is needed all the sooner because there is a serious problem of monopolization in the provision of health services related to gender affirmation, and the monopolized system resists changes, Vidićeva notes. There is also a need for additional education of health workers on transgender issues, through organized trainings – although most of them did not have adequate education on these topics. According to Vidić, younger doctors are more ready to accept and introduce changes in their work that would lead to the improvement of healthcare aimed at transgender people.

“Trans* and non-binary people are among the most marginalized groups in society and are exposed to various forms of violence and discrimination”





Activist parents as drivers of improvement

Lawyer and activist Saša D. Lazić drew attention to the intertwining of the medical and legal aspects in the processes of gender affirmation that transgender people go through, and to the problematic practice that doctors, quite often, begin to think and act bureaucratically, that is, from a legal aspect, instead of a health one. This can have various harmful consequences, warns Lazić. Among them is that young transgender people, due to a long wait for appropriate medical support, or due to its absence, buy hormones of poor quality, without professional supervision and control – because of which they can suffer numerous harmful and even permanent consequences. That is why, Lazić states, it is necessary to work on the establishment of legal standards that would enable the process of gender affirmation to depend primarily on the transgender person who is most affected by it.

Webinar visitors were interested, given that the depathologization of transgender identity is necessary, how to influence conservative countries, such as Italy and Serbia, to finally change bad practices and adopt laws and regulations that:

- decentralize the health care of trans people,
- increase the number of suitable centers for support of transgender people,
- ensure the legal use of puberty blockers and hormonal therapy before puberty,
- enable a trans child/person at school, college, etc. to be called by the name in the experienced gender (even before the formal-legal name change in official documents).

Lawyer and activist Saša Lazić says that solving these issues is the responsibility of all of us – including the state government, legal, health and school systems, families, activists, governmental and non-governmental organizations. According to Lazić, parents are the greatest allies in the process of solving the problems faced by transgender people, and it is necessary for them to be active in their activism, to be persistent and loud enough. On the other hand, parents of transgender children drew attention to the fact that the depathologization of transgenderism should not depend, primarily, on individual (parental and other) initiatives and informal practices – but above all on the general state depathologizing policy. Therefore, they ask who and how to convince the state authorities, experts and other responsible persons to do what they should.

Webinar participants note that it is therefore important to conduct training, education and training at all social levels, as well as persistent and effective lobbying activities. However, given that among the activists of certain groups there are those who seek to destroy the desired results of the fight for the rights of transgender people, the participants emphasize that it is important for the parents of transgender children to tell an honest story about the life of their trans child – so that the general public will also be familiar with the difficulties and challenges these children and their families face – especially if they live in an unsupportive, conservative society.

“it is necessary to work on the establishment of legal standards that would enable the process of gender affirmation to depend primarily on the transgender person”

Silence denies the existence of trans people

Marta Ramos from Portugal, a long - time activist for the rights of LGBTIQ+ persons and moderator of the webinar, informed the participants about the detailed report published by the special department of the Parliament of the European Union (EU), responsible for the rights of LGBTIQ+ persons. The conclusion of this report is that people with a different sexual orientation are often exposed to various forms of discrimination - which adversely affects their psychophysical health. The report provides recommendations for improving harmful practices and implementing affirmative measures in the practices of EU countries. Among the recommended measures for improvement are trainings for medical workers on LGBTIQ+ health topics.

Psychiatrist and mindfulness teacher, Toni Adam, confirms that there are many problems of young trans people. Among the key ones is the problem of silence, which denies the existence of trans people in society. According to Adams, the definition of gender identity is a generally personal, unique and permanent perception of one's own personality, and experts are of the opinion that gender identity has a changing structure. The basic factors for preserving the health of trans people are: family, education and teaching, and support in the appropriate associations.

“We believe that access to healthcare is too complicated for transgender youth”

About gender diversity from a young age

Given that Alessandra Foglianese from Italy presented at the webinar from the position of both an expert in the field of health and the mother of a transgender child, as well as the fact that she mentioned significant problems faced by transgender children and young people, we are transcribing her speech in its entirety (with minimal editing corrections).

“Hello everyone. I’m Alessandra, from Italy, and I’m talking to you both as a pediatrician and a mother.

Despite the depathologization process that has been ongoing for more than ten years and firmly sustained by scientific communities and the world health organization, the daily lives of trans gender youth are constantly challenged. In all health settings, pediatricians take for granted that a person is a cis person; a pediatrician who doesn’t know what gender variance means misses an important chance to protect the health and wellbeing of their patients. It is very important that a pediatrician explains to every family that gender variance exists and is a very possible gender identity development. This awareness would enable all children and families, both cis and trans, to be comfortable and get through without fear and prejudice about this topic. The scientific trust earned by a pediatrician over time puts themselves he/she in the ideal condition to spread culture and to intervene in all life contexts in which transgender youths affirm themselves. A pediatrician should support trans families and advise them to have a positive and welcoming attitude and listening approach. He or she should firmly recommend not to punish or to correct trans youth, as happens far too often. Scientific evidence shows how these negative attitudes lead to humiliation and distress in trans children. And then the school. The school is the world where youths spend most of their time and socialize. Every time a transgender kid or teens can’t chose their bathroom or their favorite sport activities, an important opportunity to reduce anxiety and lift the mood is missed. Not to mention the health-related harm such as urinary tract infections due to giving up going to the bathroom, or obesity related to giving up practicing some sports.

A capable doctor should cooperate with teachers to build a safer school, to talk with students and parents about the interindividual differences and the importance of respecting everyone. This is especially true in nursery and primary schools, where the greatest chances for success in creating a welcoming atmosphere for all children lie.

Another important health issue involves hospitals and medical dispensaries. Both medical and administrative staff lack the most elementary notions about gender nonconformity. It's not so outstanding that trans people give up asking for medical help in order to avoid forced coming out in unsafe contexts. Health protections in fact do not match with gender affirmation and as an example, trans men lose their right to free screening for breast or uterus cancer, or transwomen lose screening for prostate cancer. Healthcare institutions deliberately choose to ignore that trans people are no longer forced to undergo surgery to affirm themselves.

Another very dramatic issue deals with the psychological support sometimes needed by trans persons. Public services for gender affirmative care are few and poorly distributed; they offer a discontinuous and frequently fee-based service. Consequently, the waiting lists are long, just as the kilometric distances to access the services. These difficulties compel families to rely on private services, thus increasing the economic burden. And if that wasn't enough, both in public and private services psychological support is far too often provided by personnel unexperienced in the field of gender affirming care.

And what about the need to receive a diagnosis of gender dysphoria to gain access to hormones, both puberty blockers and gender affirming treatment?

It's outdated and in open contradiction with the intention of not pathologizing; many transgender teens do not experience clinically significant distress. To receive such a diagnosis, they often wait months, months in which the puberal evolution doesn't stop, thus worsening their psychological distress.

Besides, in some of these clinical settings many transgender teens receive assessments unrespectful of their privacy about their sexual activity, masturbation, drugs or alcohol addiction; such questions wouldn't be asked of cis teen without psychiatric symptoms. As they are. And far too often trans teens are prescribed psychiatric medications instead of the only therapy indicated by WPATH for their distress, which is hormonal treatment. When one individual is

unjustly diagnosed a psychiatric patient, he or she soon comes indeed to consider themselves a psychiatric patient.

What I think about these situations is that there is only one solution for all these health issues: spread the gender variance culture among healthcare professionals. We need and we demand loud and clear that identity gender topics be known by the entire healthcare staff, both working and training; we demand this topic be taught in educational programs pre and post-graduation, and in continual medical education pathways as well.

The WHO defines child maltreatment as every form of physical and/or emotional act resulting in actual or potential harm to the child's health or development in the context of a relationship of responsibility, trust or power. This occurs very often in health care settings as the medical staff is in a dominant position over their patients and their confused families. It is necessary for physicians to improve their knowledge of gender affirming care so as not to harm their young patients.

I offer two final considerations:

As a pediatrician I feel as mine the words pronounced by Richard Dreyer, past president of the American Academy of pediatrics on trans youth healthcare: I won't be my patient's first bully. As a parent, I believe that transgender youth appropriate healthcare is not a concession but a duty on the part of institutions. There are no first - class human beings and LGBTQI+ human beings. We are all human beings with the same rights. Calling for awareness and competence is not demanding. We need to be very clear about this, to grant our sons and daughters their most fundamental right, the right to health and wellness.

"Hospitals do not offer enough surgeries for adults and youth have to undergo many diagnoses, even when unnecessary."

“Inclusive political practices must be implemented in schools”

Schools should be avant-garde

Ana Rodríguez, a pedagogue and primary school teacher in Stockholm, who has been dealing with gender issues for years, says that families have different beliefs and cultures. On the other hand, the school is an institution governed by current political and social factors, and the school must respect and reflect social changes, according to Rodríguez. Inclusive political practices must be implemented in schools – that schools provide a sense of welcome to all, that all young people have access to education. This is where continuous education is key – that everyone has the opportunity to attend supplementary courses. According to Rodríguez, schools should even be avant-garde – to follow, but also to initiate, the necessary social changes.

She believes that the language and vocabulary used by teachers is crucial. It is important for teachers to be close to children, to hear children's comments, and to be able to respond to them as needed. Literary works can also have their function and the possibility of expanding children's interest and knowledge. Rodríguez notes that children need to be offered a wide range of opportunities, as well as play materials (like constructors), so that they can build their identity. Schools should have appropriate posters, brochures, etc., which show and promote the culture of diversity. As an example of a European country that has come a long way in promoting and appreciating the culture of diversity and is an example of good, supportive practice in terms of health care for trans children and youth, their education and the legal framework that enables this, Rodríguez cites Sweden.

Alias Career as a useful tool in schools

As an example that parental activism and non-governmental initiatives can bear good fruit, even in countries where neither the health system, nor the legal framework and social environment are still regulated in such a way as to sufficiently respect the rights of LGBTIQ+ persons in accordance with human rights and equality, can serve Alias Career ("career under an alias"). The inclusive tool Alias Career is applicable throughout Italy, and allows transgender and non-binary children to use their chosen name and personal pronoun in the schools and colleges they attend. It was presented to the webinar visitors by Anna Maria Fisichella, the activist and mother of a transgender child from Italy.

Alias Career is the result of parental activism and commitment to implement this useful tool in the Italian school system - although it is an initiative of the non - governmental organization GenderLens and the Italian Ministry of Education, for now, is not behind this inclusive tool. Fisichella explains that it is up to each school director, that is, the faculty administration, to decide whether they will accept its application. According to data so far, 87 secondary schools in Italy (out of 1453) apply Alias Career, and out of 96 universities, 40 have implemented this inclusive tool - among them the universities of Bologna and Modena. This useful tool is not yet in use in kindergartens and primary schools.

On the website of the University of Bologna, it is stated that students can apply for the activation of studies under a pseudonym, that is, their official name will be replaced by the chosen name. After the application, the student receives a temporary identity that remains active throughout the duration of the studies, or until a court order is issued to change the gender - if this happens during the studies. After activating Alias Career, the selected name is displayed on the badge, on the institution's e-mail address and in all information systems (such as the student online service). In this way, it is impossible for others to find out the official name of the student.

"Alias Career... represents a significant shift and contribution to the well-being of transgender and non-binary children and youth"

Transgender and non-binary students can contact the student support service at any time during their studies and submit a request to activate Alias Career. The support services can also be contacted for assistance in arranging documentation for access to the university library and more. If students wish to continue their studies under a pseudonym even after the end of one study cycle, they will be able to do so.

As stated on the website of the University of Bologna, in order to start using pseudonym during their studies, students must sign a confidentiality agreement with the University. This agreement establishes the conditions for using the chosen name at the University, with special reference to the obligations of the signed parties and the possibilities. No other supporting documents are required.

Personal data can be changed only for the needs of university studies, it is stated on the website. When signing the contract, students must inform the support service if they intend to carry out any external activities, such as an internship, joining an international mobility project or applying for a scholarship. Thanks to this, the University can check whether the student can use his chosen identity in relations with other institutions (source: <https://www.unibo.it/en/teaching/enrolment-transfer-and-final-examination/alias-career-for-students-of-the-university-of-bologna> retrieved on 01/08/2023 at 11am).

Despite the fact that the use of an inclusive tool like Alias Career in high schools and colleges in Italy that have accepted to implement it, represents a significant shift and contribution to the well-being of transgender and non-binary children and youth, it is necessary to inform the public that such practices are extremely significant for transgender to children. "If we make a mistake in addressing it - it's like telling a child that it's not who it is," notes Anna Maria Fisichella.

Important note: The implementation of the inclusive tool Alias Career in high schools and colleges in Italy, a few months after this webinar, encountered serious difficulties and resistance. From the non-governmental organization GenderLens, they believe that the issue of Alias Career is more relevant than ever, due to the attack of the right-wing movement in Italy on the schools that apply it. According to GenderLens, this movement sent a warning in the last months of 2022 to every school that implements Alias Career, threatening the schools with

criminal proceedings, if they do not withdraw this inclusive tool from implementation. GenderLens notes that this threat has no legal basis. On the contrary, they state that, based on the opinion of the experts they consulted, there is a possibility that the movement itself could be exposed to potential punishment for this baseless threatening act.


"Unfortunately, this vile action has put many school principals on the defense, as they fear retribution for taking a stand on a socially and politically controversial issue, but fortunately, it has led many people and entities to take a firm stand in defense of Alias Career, the school's autonomy and protection of the privacy and well-being of the youngest transgender persons," they tell us from GenderLens.

Among the organizations that came to the defense of Alias Career in Italy is Reta Landford's network of legal experts. In a separate document, they clearly and concisely answer possible doubts about the legality and appropriateness of applying Alias Career in schools. On the website of Reta Landford, they note that in recent weeks, numerous falsehoods and inaccuracies related to Alias Career have been published in schools in Italy, which are spread by those who want to oppose the free development of personality and the recognition of rights guaranteed by the constitution.

The example of unpleasant events in schools and in the public in Italy speaks in favor of the fact that it is necessary for all important actors (including the governmental and non-governmental sector, the media and the general public – and, if necessary, the institutions of the European Union), to stand up for the defense of the hard-won inclusive opportunities that contribute to the quality of life of transgender children and young people.

On the other hand, the webinar participant and the mother of a transgender child from Serbia, informed the participants about the harmful practice in that country according to which transgender children, even with a psychiatrist's confirmation of gender dysphoria, the school system does not respect their wishes and does not allow them to be addressed by the name that the child is chosen – rather than exclusively official – which is a reflection of the gender assigned at birth, not experienced. In this way, the child constantly suffers violence from school staff and students, warned the mother of a transgender child from Serbia.





Conservative systems slow down improvements

Contrary to improvements in the field of protection of the rights of trans children and adults in certain European countries – such as Sweden, Portugal, Malta and Spain, in some other European countries – such as Poland and Hungary, in recent years there has been a drastic violation of the rights and endangerment of LGBTIQ+ persons. On the other hand, even in countries where certain improvements have been achieved in recent years, it is necessary to continue to improve practices – such as shortening the waiting list for receiving appropriate health therapy and care for trans children and persons, opening additional centers for providing support, simplifying medical, legal and other procedures, increasing the number of experts and more.

However, in countries of Europe where conservative society prevails, such as Italy and Serbia, social improvements and changes for the better take place slowly and with difficulty. Webinar participants from Italy state that religious and orthodox forces in that country cause problems for LGBTIQ+ people, and that the political system itself slows down the changes and improvements important to transgender children and adults.

Gian Marco Negri from Italy, a lawyer, activist for the rights of LGBTIQ+

persons and the mayor of a settlement near Milan, states that in that country they are recording terrifying cases of violence in schools and digital violence (cyberbullying). Considering that, according to the existing laws, minors cannot be prosecuted for committed violence, Negri notes that schools should teach morals and ethical values, while teachers should create a healthy environment for all students. Therefore, it would be necessary to introduce monitoring of schools – in order to ensure respect for the rights of all students, Negri believes. He states that in Italy there is a support service for children and young people with a publicly available phone number that vulnerable students can call for help. According to Negri, schools should have similar support services.

Regarding gender affirmation, Negri states that, when it comes to transgender minors, parents must be involved in that process. In the event that the parents refuse to cooperate, that is, they do not agree with the child's aspirations, a mediator is introduced into the process. On the other hand, children and young people can turn to psychologists for help. Negri believes that transgender children and young people should be allowed to express their gender freely. Regarding the use of medical therapy, such as puberty blockers, Negri states that in Italy from 2019, its introduction is possible exclusively through the health system. For the introduction of puberty blockers as a health care measure, it is necessary that a transgender child/adolescent fulfill certain criteria – which include psychiatric diagnosis, medical monitoring by a multidisciplinary team (psychiatrist, endocrinologist, etc.), evaluation during 24 months and others. The procedure is complex and takes a long time, and it should be simplified, according to Negri. On the other hand, among the criteria that can contribute to speeding up the procedure, is the existence of a risk in the child/adolescent to commit suicide – which, according to the opinions of many, is a debatable criterion. Especially since it is important for every trans child/adolescent to respond in a timely manner and introduce the necessary therapy.

Therefore, it is important that experts and the general public are aware and understand what transgender youth who are not allowed to use blockers are going through, notes Negri. In this regard, the policy of the state government should be aimed at solving these issues, which are important to transgender people, in a timely manner. However, if there are no informed and sensitized politicians in the country who would deal with these issues and solve them in ways that are in line with the recommendations of international organizations that deal with the health of trans people - it is unlikely that there will be changes for the better. Because improvements in (conservative) societies and state policies cannot and should not depend (primarily) on activist parents, the webinar participants note, calling on authorities, institutions and other relevant actors to protect transgender children and youth.

"Let's Change the Pace aims to increase the capacity of organisations and empower parents of trans* persons"

***“We should stop reproducing
a narrative of self-pity and
take action by calling for
trans* rights”***

FINAL CONSIDERATIONS AND CONCLUSION

- European countries should and would have to implement the depathologization of trans identity (in accordance with respect for human rights, international conventions and their international obligations). Trans and non-binary children and young people, like other children and adults, deserve a dignified life and equal chances – not hiding their identity and giving up exposure in public, including regular schooling – due to the real fear of social ostracism, physical and psychological violence.
- Depathologization should include various segments of society – starting from the preschool system, through schools (primary and secondary, and higher), then health, legislation, the business sphere, the media, and society as a whole.
- On the topics of trans identity and diversity, further and wider sensitization and education of health, educational and social workers, children in kindergartens, students in primary and secondary schools, students at universities and colleges, the media, and society as a whole is needed.
- Networking, connection, exchange of experiences, mutual support of various actors, organizations and institutions – governmental and non-governmental sector – that deal with various issues related to children, youth and trans persons are needed.
- Previous improvements and advances in access to trans children and adults in some European countries have depended and continue to depend significantly on the engagement and activism of individuals and organizations. Providing support to trans children and people and their families should not depend, most often, on rare non-governmental organizations and their limited resources – rather, it is necessary for state institutions to be significantly more actively and effectively involved in that process.
- There is a need for greater availability of information related to transgender issues, and the availability of therapy (such as hormonal, but also operative-

surgical, as well as puberty blockers – about which in some European countries there is insufficient knowledge and discussion, and the use and procurement of which is not legally regulated).

- In countries where the work of the expert team/teams key to the medical transition and affirmation of trans people is centralized (such as Serbia, where such an expert team exists exclusively in the capital, Belgrade) – its decentralization is necessary. In accordance with the needs of trans people and their families, as well as the need for access to modern health care, the work of such professional teams should be enabled in other cities/towns in the country. Also, it is necessary to simplify the highly bureaucratized procedure of providing health services to trans children, youth and adults in the process of transition and gender affirmation.
- States should take over the good practice of other countries (Europe, or beyond) that have advanced in the best possible approach to trans people (e.g. in the field of adopting appropriate legal frameworks, as well as their implementation in various spheres – health, education, economy, wider social environment), so that these people and their families across Europe could lead a quality life. Although, for example, for now the only legal framework in Serbia that also concerns trans people is the Law on Prohibition of Discrimination, it is necessary to pass other appropriate laws and regulations that would affect the improvement of the lives of trans people and their families.
- The beginning of the transition (social, medical) should not be conditioned by a certain age (such as coming of age, which in some countries, including Serbia, is the dominant practice for now), but by determining the gender incongruence of a child, adolescent or adult.
- The course of transition and gender affirmation, and the availability of medical, educational and other necessary resources, should not depend on the financial situation of the trans child, person and/or their family – rather it should be available to all trans children and persons, in accordance with their needs.

Transition/gender affirmation and all that this complex process entails for trans* children and adults is not a matter of luxury – but of their health and basic human rights.

The current state arrangements and social environment in some European countries do not provide enough security, safety and acceptance neither for trans* children and youth nor for trans* adults.

Therefore, a much more decisive and effective involvement of European Union institutions and officials in social and editorial processes is necessary.

This refers both to affirmative and, according to needs, advocacy and sanctioning action on authorities and state bodies – as well as to the much-needed education of the wider society about democracy and the human rights of all citizens.

“Let's change the pace: how are European trans and gender diverse children doing?”

www.enparents.org/thepace

Cofunded By the Erasmus+ Programme
Small scale partnership in Adult education (KA210 –
ADU)

2021-1-MT01-KA210-ADU-000034033

The European Network of Parents of LGBTI+ persons