Questions on Notice for Mr Greg Bondar, NSW & ACT State Director, FamilyVoice Australia

PORTFOLIO COMMITTEE NO. 3 – EDUCATION
INQUIRY INTO THE EDUCATION LEGISLATION AMENDMENT (PARENTAL RIGHTS) BILL 2020
Hearing – 20 April 2021

During my testimony before the PC3 – parental Rights – I undertook to provide additional evidence on statements made during my testimony on Questions on Notice basis. The evidence below address the various Questions on Notice alluded to in the Transcript.

Extract – Page 8 and part page 11

"…Let me say to you, if you want to talk about abuse, how can you sit there and say that giving a five-year-old gender fluidity training and treatment is not abuse?
The Hon. ANTHONY D'ADAM: Do you have a case study of that?
Mr BONDAR: They do not have the ability to make up their own mind.
The CHAIR: Order!
Mr DAVID SHOEBRIDGE: I know earlier you said we do not have to worry about the evidence,
Mr Bondar, but bare assertions without evidence—you would accept that they are not helpful?
Mr BONDAR: I can give you as much evidence as you like. I am happy to take that on notice.
The CHAIR: On notice? Thank you."

I should like to direct the Committee's attention to the following as evidence supporting my statements. In particular, I alluded to children as young as 5 years old undergoing transgender treatment (gender reassignment surgery) which is in effect 'abuse' given the child's limited cognitive capabilities at that age.

While many countries recognize 16-year-old patients as legally competent to make medical decisions, others believe that abilities such as good risk assessment do not develop until after age 18 years.

When someone makes the decision to transition, part of that process can be social — choosing a new name, changing pronouns, wearing different clothes — and only part of it is medical.

The following references indicate that gender fluidity is a highly contestable ideology.

Swedish clinic moves first to halt trans drugs for children

https://www.theaustralian.com.au/nation/swedish-clinic-moves-first-to-halt-trans-drugs-for-children/news-story/e5c0f675c789bbabe6fe9599688238c3

BERNARD LANE - ROVING EDITOR, LEADER WRITER, DATA JOURNALIST

1:00AM MAY 11, 2021

UPDATED | Australia's health ministers are being urged to act as Sweden's leading gender clinic becomes the world's first to end routine treatment of minors with hormonal drugs lacking good evidence of safety. Stockholm's Astrid Lindgren children's hospital, which is part of the Karolinska medical powerhouse famous for awarding the Nobel prizes, has cited risks including cancer and infertility when ordering that puberty blocker drugs and cross-sex hormones may only be given to under-18 patients as part of clinical trials under strict ethics control.

Dutch expert warns on 'blind adoption' of puberty blockers

BERNARD LANE

A Dutch expert on puberty blockers for children has warned that clinics around the world are "blindly adopting" this approach.

Supporting Evidence 1:

Teachers on the look out for potential transgender children

PRIME Minister Scott Morrison says there is no need for "gender whisperers" in schools with teachers now being taught to spot potential transgender students in the classroom.

Danielle Gusmaroli September 5, 2018 - 12:37PM

PRIME Minister Scott Morrison says there is no need for "gender whisperers" in schools as news emerges of teachers being taught to spot potential transgender students. Experts claim the move has contributed to a 236 per cent surge in the number of kids wanting to change sex in the past three years.

The training has been conducted by gender identity experts in public and private primary and secondary schools under the guise of professional standards development. It involves teachers learning to identify key phrases such as "I feel different", "I'm androgynous" and "I'm born with two spirits", indicating transgender leanings in students as young as five.

Mr Morrison tweeted this morning that schools should "let kids be kids".

A 236 per cent surge in the number of kids wanting to change their gender has partly been attributed to new teacher training.

Exclusive figures obtained by The Daily Telegraph show already this year hospitals have referred 74 kids aged 6-16 to gender dysphoria clinics geared to help children and adolescents transition.

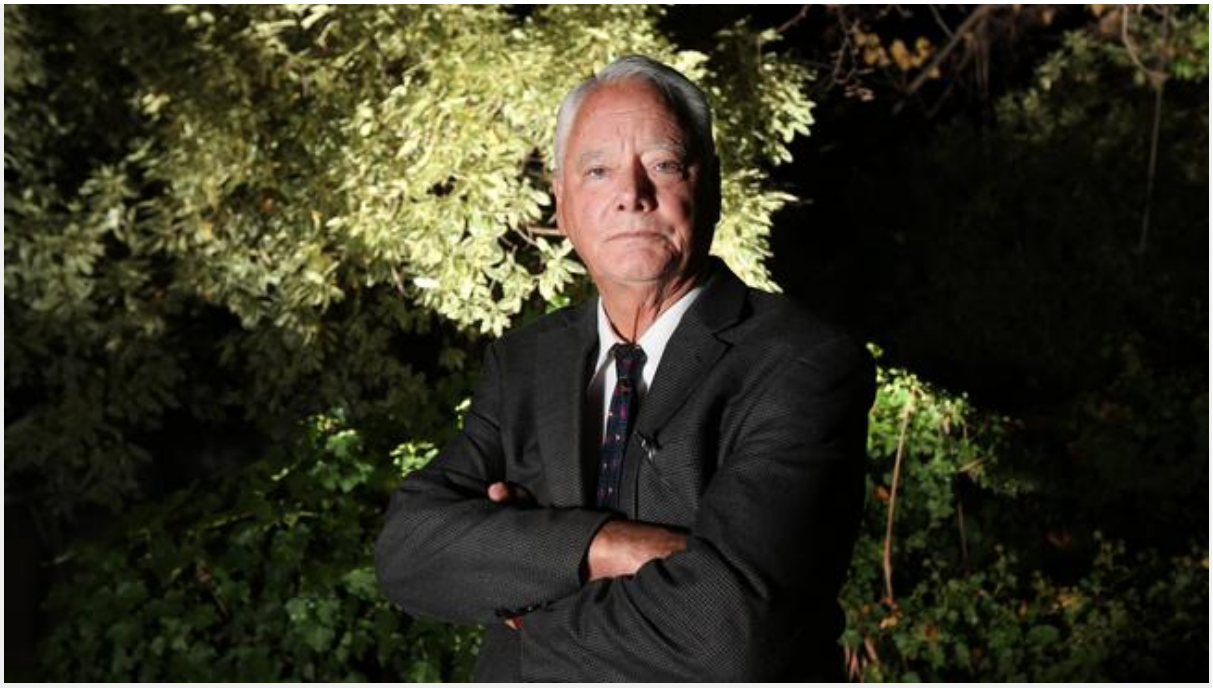
In 2015, the number was 22 and in 2013 there were just two. The figures have sparked a heated debate among health experts, with the huge increase denounced as a "tragic" and "dangerous" fad" fuelled by gender support experts in schools and celebrity trans cases. Gender counsellor Dr Elizabeth Riley, who has advised 40 private, public and Catholic schools in the past three years, said it was important to educate teachers given 1 per cent of students were transgender.

“I only go into schools I’m invited into. I teach the school how to deal with these children with special needs and to treat them like any other child,” she said.

“Trans children are in every school, they’ve been around since the 1800s … If a school has 1000 students, 10 of them will be trans, whether they go on to transition or not. It’s important we support them so they get the right advice early so they are not bullied or go into hiding.”

Western Sydney University Professor of Paediatrics John Whitehall said gender identity support experts in schools were creating more problems and more confused children. “They’re part of the problem as they mess with the kids by giving them a platform to believe they have a genuine problem,” Prof Whitehall said.

“It’s a sad, tragic and very dangerous fad, especially when medical treatment can involve hormones that interfere with the brain as well as the body, and progress to irreversible surgery and loss of fertility.”



Professor John Whitehall, has questioned the willingness of doctors and the courts to allow young children to alter their gender via medical intervention.

He said mental illness such as ADHD and depression were often associated with gender dysphoria and should be treated first while the child was allowed to mature.

Sydney-based Gender Centre says it has provided transgender training to schools including Hamilton Public, Winmalee High, Menai High, Stanhope Gardens Catholic School and Toronto High. It attributes the rise in younger children transitioning to better educated parents spotting the signs early. “It’s not necessarily an explosion, it’s that people now identify earlier and parents are more open to what for years was a taboo subject,” spokeswoman Eloise Brook said.

Sydney Children’s Hospital Randwick, The Children’s Hospital Westmead and John Hunter Children’s Hospital report increases in children believing they are the wrong sex or diagnosed with gender dysphoria.

The figures have sparked a heated debate among health experts, with the huge increase denounced as a “tragic” and “dangerous” fad”.

Children are assessed and, as early as six, can undergo stage one gender affirmation sessions including swapping names and clothes. Stage two of treatment, from age 11, can involve the use of puberty blocking drugs. Stage three is irreversible cross-sex hormone treatment and surgery — of which the youngest patients have been 15.

Professor Whitehall said children should not even be allowed to undergo stage one treatment before age 18. Under Education Department guidelines, schools operate their own professional development budgets. A spokesman said Dr Riley was not an employee of the department.

“Students who need support for whatever reason will receive it in NSW public schools,” he said.

Supporting Evidence 2:

Australian court approves intersex child's surgery

Published - 7 December 2016
https://www.bbc.com/news/world-australia-38218115

A five-year-old Australian child born genetically male will grow up as a sterilised female after a court agreed to her having surgery.

The child, known only as Carla, identifies as a girl but has no female reproductive organs, Family Court documents show.
The court approved a request by Carla's parents to surgically remove male gonads inside her body.
People with a combination of sex characteristics are called intersex.

'Stereotypically female' behaviour

When Carla turned five, her parents wanted to clarify if they needed court permission for the complex and irreversible surgery.
The Family Court heard Carla was born with female-appearing genitalia and exhibited "stereotypically female" behaviour, which included never wanting to be referred to as a male and a preference for "female toys, clothes and activities".
Court documents seen by the BBC show medical experts testified that surgery would remove the risk of Carla developing tumours and that she had no certainty of future fertility. The surgery should happen before puberty, they said.

What is intersex?

If you are born with a mix of male and female sexual characteristics, this means you have a disorder or difference of sex development (DSD), also known as being intersex.

There are numerous different conditions which come under this umbrella term.
Taken together, they are more common than you might think - experts say perhaps one in 2,000 babies are born with some kind of sex development difference.
These conditions occur when the reproductive organs and genitals do not develop as expected.
As a result, you might have female sex chromosomes but your reproductive organs and genitals are male - or the opposite way round. Or you may have a mixture of male and female organs and genitals, or some that are neither clearly male nor female.
This occurs because of how your particular genes respond to the sex hormones in your body.
DSDs can be treated with hormone therapy, psychological support and - sometimes - surgery.

The court ruled the parents did not need permission to arrange surgery. The ruling was made in January but it was not immediately made available to the public, **The Australian newspaper said**.
"I consider the proposed medical treatment 'therapeutic' as being necessary to appropriately and proportionately treat a genetic bodily malfunction that, untreated, poses real and not insubstantial risks to the child's physical and emotional health," Family Court Judge Colin Forrest said in making his ruling.

Campaigners question surgery

Some intersex campaigners have challenged the ethical basis of irreversible surgery, arguing that gender identity is complex.
One advocate, Morgan Carpenter, told the BBC that children should decide their identity for themselves when they are older.
"Gender assignment is always appropriate," he said. "What is not appropriate is surgically enforced gender assignment."
Mr Carpenter said he believed medical and legal professionals often wrongly approached variations in sex development as disorders in need of correction.
"We need clinicians to consult the community to develop non-surgical options," he said.

Supporting Evidence 3:

Sex-change treatment for kids on the rise

FEBRUARY 20, 2012 / 8:12 AM / AP
HTTPS://WWW.CBSNEWS.COM/NEWS/SEX-CHANGE-TREATMENT-FOR-KIDS-ON-THE-RISE/

CHICAGO - A small but growing number of teens and even younger children who think they were born the wrong sex are getting support from parents and from doctors who give them sex-changing treatments, according to reports in the medical journal Pediatrics.

It's an issue that raises ethical questions, and some experts urge caution in treating children with puberty-blocking drugs and hormones.

An 8-year-old second-grader in Los Angeles is a typical patient. Born a girl, the child announced at 18 months, "I a boy" and has stuck with that belief. The family was shocked but

now refers to the child as a boy and is watching for the first signs of puberty to begin treatment, his mother told The Associated Press.

Pediatricians need to know these kids exist and deserve treatment, said Dr. Norman Spack, author of one of three reports published Monday and director of one of the nation's first gender identity medical clinics, at Children's Hospital Boston.

"If you open the doors, these are the kids who come. They're out there. They're in your practices," Spack said in an interview.

Switching gender roles and occasionally pretending to be the opposite sex is common in young children. But these kids are different. They feel certain they were born with the wrong bodies.

Some are labeled with "gender identity disorder," a psychiatric diagnosis. But Spack is among doctors who think that's a misnomer. Emerging research suggests they may have brain differences more similar to the opposite sex.

Spack said by some estimates, 1 in 10,000 children have the condition.

Offering sex-changing treatment to kids younger than 18 raises ethical concerns, and their parents' motives need to be closely examined, said Dr. Margaret Moon, a member of the American Academy of Pediatrics' bioethics committee. She was not involved in any of the reports.

Some kids may get a psychiatric diagnosis when they are just hugely uncomfortable with narrowly defined gender roles; or some may be gay and are coerced into treatment by parents more comfortable with a sex change than having a homosexual child, said Moon, who teaches at the Johns Hopkins Berman Institute of Bioethics. It's harmful "to have an irreversible treatment too early," Moon said. Doctors who provide the treatment say withholding it would be more harmful.

These children sometimes resort to self-mutilation to try to change their anatomy; the other two journal reports note that some face verbal and physical abuse and are prone to stress, depression and suicide attempts. Spack said those problems typically disappear in kids who've had treatment and are allowed to live as the opposite sex.

Guidelines from the Endocrine Society endorse transgender hormone treatment but say it should not be given before puberty begins. At that point, the guidelines recommend puberty-blocking drugs until age 16, then lifelong sex-changing hormones with monitoring for potential health risks. Mental health professionals should be involved in the process, the guidelines say. The group's members are doctors who treat hormonal conditions.

Those guidelines, along with YouTube videos by sex-changing teens and other media attention, have helped raise awareness about treatment and led more families to seek help, Spack said.

His report details a fourfold increase in patients at the Boston hospital. His Gender Management Service clinic, which opened at the hospital in 2007, averages about 19 patients each year, compared with about four per year treated for gender issues at the hospital in the late 1990s.

The report details 97 girls and boys treated between 1998 and 2010; the youngest was 4 years old. Kids that young and their families get psychological counseling and are monitored until

the first signs of puberty emerge, usually around age 11 or 12. Then children are given puberty-blocking drugs, in monthly $1,000 injections or implants imbedded in the arm.

In another Pediatrics report, a Texas doctor says he's also provided sex-changing treatment to an increasing number of children; so has a clinic at Children's Hospital Los Angeles where the 8-year-old is a patient.

The drugs used by the clinics are approved for delaying puberty in kids who start maturing too soon. The drugs' effects are reversible, and Spack said they've caused no complications in his patients. The idea is to give these children time to mature emotionally and make sure they want to proceed with a permanent sex change. Only 1 of the 97 opted out of permanent treatment, Spack said.

Kids will more easily pass as the opposite gender, and require less drastic treatment later, if drug treatment starts early, Spack said. For example, boys switching to girls will develop breasts and girls transitioning to boys will be flat-chested if puberty is blocked and sex-hormones started soon enough, Spack said.

Sex hormones, especially in high doses when used long-term, can have serious side effects, including blood clots and cancer. Spack said he uses low, safer doses but that patients should be monitored.

Gender-reassignment surgery, which may include removing or creating penises, is only done by a handful of U.S. doctors, on patients at least 18 years old, Spack said. His clinic has worked with local surgeons who've done breast removal surgery on girls at age 16, but that surgery can be relatively minor, or avoided, if puberty is halted in time, he said.

The mother of the Los Angeles 8-year-old says he's eager to begin treatment.

When the child was told he could get shots to block breast development, "he was so excited," the mother said.

He also knows he'll eventually be taking testosterone shots for life but surgery right now is uncertain.

The child attends a public school where classmates don't know he is biologically a girl. For that reason, his mother requested anonymity.

She said she explained about having a girl's anatomy but he rejected that, refused to wear dresses, and has insisted on using a boy's name since preschool.

The mother first thought it was a phase, then that her child might be a lesbian, and sought a therapist's help to confirm her suspicion. That's when she first heard the term "gender identity disorder" and learned it's often not something kids outgrow.

Accepting his identity has been difficult for both parents, the woman said. Private schools refused to enroll him as a boy, and the family's pediatrician refused to go along with their request to treat him like a boy. They found a physician who would, Dr. Jo Olson, medical director of a transgender clinic at Children's Hospital Los Angeles.

Olson said the journal reports should help persuade more doctors to offer these kids sex-changing treatment or refer them to specialists who will.

"It would be so nice to move this out of the world of mental health, and into the medical world," Olson said.

First published on February 20, 2012 / 8:12 AM

Supporting Evidence 4:

High court to decide if children can consent to gender reassignment

Jamie Doward Sun 5 Jan 2020 19.14 AEDT
https://www.theguardian.com/society/2020/jan/05/high-court-to-decide-if-children-can-consent-to-gender-reassignment

Puberty blockers for under-18s should not be legal, say those bringing proceedings

Young people who wish to change gender can currently be given puberty blockers and cross-sex hormones.
A landmark test case to establish whether children can give informed consent to medical treatment for gender reassignment begins in the high court this week.

Lawyers acting for Susan Evans, a former psychiatric nurse at the Tavistock and Portman NHS foundation trust, which runs the UK's only NHS gender identity development service (Gids), and "Mrs A", the mother of an autistic 15-year-old girl who is on the Gids waiting list, will file papers to commence proceedings in a judicial review brought against the trust and NHS England.

At the heart of the case is the provision of puberty blockers and cross-sex hormones to young people who wish to transition or are considering doing so.
"We are essentially seeking to say that the provision at the Tavistock for young people up to the age of 18 is illegal because there isn't valid consent," said Paul Conrathe, a solicitor with Sinclairslaw, which is representing Evans and the mother.

Providing this treatment – puberty blocking and cross-sex hormones – to any young person who wants them requires, he argues, "a specific order of the court on a case-by-case basis. [The treatment] cannot be delivered as a matter of general approach". Conrathe suggested the legal action would be "pressing the case of Gillick to its breaking point".

In 1983, Victoria Gillick, a Roman Catholic mother of 10, challenged the right of doctors to prescribe contraception to girls under the age of 16 without their parents' permission or even knowledge. Two years later the House of Lords affirmed the doctors' right, ruling that "the parental right to determine whether or not their minor child below the age of 16 will have medical treatment terminates if and when the child achieves sufficient understanding and intelligence to fully understand what is proposed".

But Conrathe said the "Gillick competence" test should not apply when it comes to gender reassignment: "The issue is whether the young person is of sufficient maturity and capacity to understand the consequences of their actions. We say it is a leap too far to think that Gillick as a judgment could apply to this type of scenario, where a young person is being offered a treatment with lifelong consequences when they are at a stage of emotional and mental vulnerability. It simply doesn't compute, and therefore whatever medical professionals say is consent is not valid in law."

He acknowledged that the case would break new ground. "I don't think there has been any case that has tested a policy or practice in this way. There may have been

the odd case that has come up but not one that has challenged a health service for making this service available."

According to her crowdfunding page on the CrowdJustice website, Evans raised concerns about the treatment approach of the Tavistock with its clinical management team.

"The alarm bells began ringing for me when a colleague at the weekly team clinical meeting said that they had seen a young person four times and they were now recommending them for a referral to the endocrinology department to commence hormone therapy," she writes.

Her actions triggered an internal inquiry in 2004 but Evans left the trust as she felt "nothing really changed". Her husband, Marcus, resigned as a governor of the trust last February, accusing its management of having an "overvalued belief" in the expertise of the Gids that was "used to dismiss challenge and examination".
On the CrowdJustice website, Mrs A, the mother of the autistic teenager, said she worried that "no one (let alone my daughter) understands the risks and therefore cannot ensure informed consent is obtained".

NHS England said it would not comment ahead of the hearing. A spokeswoman for the Tavistock and Portman NHS trust said: "It is not appropriate for us to comment in detail in advance of any proposed legal proceedings. The Gids is one of the longest-established services of its type in the world, with an international reputation for being cautious and considered. Our clinical interventions are laid out in nationally set service specifications. NHS England monitor our service very closely. The service has a high level of reported satisfaction and was rated good by the Care Quality Commission."

-End-

PORTFOLIO COMMITTEE NO. 3 – EDUCATION
INQUIRY INTO THE EDUCATION LEGISLATION AMENDMENT (PARENTAL RIGHTS) BILL 2020
Hearing – 20 April 2021
Supplementary questions for Mr Greg Bondar, NSW & ACT State Director, FamilyVoice Australia

1. Further to the evidence on page 12 of Hansard regarding the NSW Department of Education, *Legal Issues Bulletin No. 55*:

a. What are FamilyVoice Australia's views on how the bulletin should be changed and updated?

b. What are FamilyVoice Australia's views on the role of parents in relation to the changing and updating of the bulletin?

Responses to Question '1a':

a. What are FamilyVoice Australia's views on how the bulletin should be changed and updated?

FamilyVoice is of the view that some Bulletins from the NSW Department of Education, such as ***legal issues bulletin 55 LIB55***, is a strategy to justify and substantiate the Department's leaning and preference for LGBTIQA+ curriculum development.

Teachers are not trained to counsel on social. gender and family issues. The formal qualifications of teachers are curriculum based, that is, they are taught to teach 'subjects' of learning such as geography, English, science, and the like as opposed to 'ideology' for to do so falls within the realm of socialistic governments - Legal issues bulletin 55, LIB55 is such a document.

The 'legal issues bulletin 55, LIB55' document is both 'emotive' and 'pro-LGBTIQA+' in its narrative. The use of words such as 'suffering' conjures up images of torture, punishment, and persecution and this is simply not the case.

Conversely, FamilyVoice has numerous examples and evidence that 'Christians' are indeed undergoing torture, punishment and persecution and yet there is 'no' Bulletin from the NSW Department of Education to support Christians in schools for example.

FamilyVoice <u>Recommends</u>:

a.1 ***That all current Bulletins from the NSW Department of Education be thoroughly reviewed to remove emotive language such as using words like 'suffering' and replaced by words such as 'experiencing' or 'discomfort' or 'difficulty'***

a.2 ***That future Bulletins from the NSW Department of Education that impact and /or involve parental consent be drafted under a Parent Consultative Committee (PCC) with representative drawn from public, private, and faith-based schools.***

a.4 ***That the current 'legal issues bulletin 55, LIB55' be 'Removed' and then re-drafted, as a guide, as follows:***

Students experiencing gender dysphoria in schools

Gender dysphoria in schools, legal issues bulletin 55, LIB55

The Department of Education is committed to providing safe and supportive learning environments for all students. Research shows that whilst parental care is the number one factor in the child's development, the supportive environment schools provide can also have a lasting impact on both the educational and lifelong outcomes for students.

Most students have no difficulty accepting the reality of their biological sex. However, there is a small minority that have a view of their gender which is different from reality. This condition is known as gender dysphoria.

Most children move through this confused stage and come to accept their biological sex in time.

All students, including those who may experience gender dysphoria, have a right to be treated equitably and with dignity. The department has several resources that support these rights including the Student Welfare Policy and the Bullying: Preventing and Responding to Student Bullying in Schools Policy. These resources promote a proactive approach to the development of positive school environments in which every student is respected and valued. Additionally, schools have a legal duty to protect students from foreseeable risk of harm and to do what is reasonably practicable to ensure their safety.

The following information is general in nature. It is important, to structure any support specifically to the individual needs of the student within a particular school.

Privacy legislation and gender-confused students

Most, if not all, of the information collected about a gender-confused student will be personal or health information. This information is protected by privacy legislation.

While privacy legislation will not necessarily prevent school or other departmental staff from using or disclosing information for a lawful purpose (for example in the discharge of the duty of care or for child protection purposes), it is important wherever practicable to discuss how it is intended information will be used or disclosed with the student. This issue must also be discussed with the student's parent(s) or carer unless the principal believes on reasonable grounds that it is not in the student's best interests to do this (for example a court order has removed a parent's parental responsibility for that student). Parent(s) or carers must be advised if they are opposed to so-called "gender transition" or gender ideology as it affects their child.

Name and gender records

Generally, students are enrolled at school under the 'name" and gender' on their birth certificate. There can be no exceptions to this position.

The pronoun used to describe the student (he/she, him/her) should be consistent with their biological gender. Students who refer to a gender-confused child by their correct pronoun (a pronoun which aligns with their real, biological gender) have a right to do so and the department's Code of Conduct and the individual school's discipline and welfare policy must not be utilised or hi-jacked to punish staff or students for failing to use a pronoun associated with a 'fake' gender. There should be no obligation on staff or students to use pronouns which are not grounded in biological reality.

Uniform for gender-confused students

Many schools have developed unisex uniforms that are not gender specific.

Where schools have uniforms, which are gender-based, schools must ensure that students wear the uniform which corresponds with their biological sex. Currently there are around 46 Terms that Describe Sexual Attraction, Behavior, and Orientation and having a school uniform for each is not only ludicrous but impractical.

Supporting a student who is suffering from gender dysphoria

Support needs will vary from student to student. It is important to consult with the student and their parents or carers where practicable when planning for the student's support. Parents as caregivers should not be excluded from consultation because they are apprehensive about so-called "gender transition" or gender ideology.

For the safety and welfare of other students (the majority), staff must ensure that in several areas, including:

- use of toilet and change room facilities
- excursions including overnight excursions
- school sport

Gender-confused students must utilise or be placed with students of the same biological sex. To do otherwise means that children who are tall, short, Christian, Jewish etc. are afforded the same impractical privilege.

Use of toilets and change room facilities

Toilets, showers and change rooms are specific to each school. An assessment of the risk posed to the student by using the toilets of their identified gender must be undertaken. If an identified risk to the student cannot be satisfactorily eliminated or minimised, then other arrangements should be made. The need for the student to be safe is a paramount concern in these circumstances.

Due to the discomfort associated with students sharing single-sex facilities (toilets or change rooms for example) with those of the opposite sex, gender-confused students must use facilities aligning with their biological sex.

Excursion including overnight

For the safety and welfare of all students, gender-confused students must use the facilities of their biological sex or unisex facilities when available. In some medical, health, or physical circumstances, it may be appropriate to arrange private sleeping quarters.

School Sport

For safety and fairness, a gender-confused student must participate, if required, in school-based sports in accordance with their biological sex.

Media

The school should respond to any external enquiries about students who are gender-confused with respect for the student's privacy, as with enquiries about all students. Any media enquiries should be referred to the Media unit on (02) 9561 8501 and parents advised prior to the school talking to the media.

Reporting requirements

Parents or carers are entitled to object to their child identifying as a gender other than their real gender, especially given that in time most children come to accept their biological sex. Objection alone to so-called "gender transitioning" or gender ideology from a parent or carer is not a sufficient reason for a report to DCJ or contact with the department's Child Wellbeing unit or some other action being required. Parents or carers are not to be punished with referral for dissenting from harmful and contested gender ideology.

Enrolment in a single-sex school

If a gender-confused student is seeking enrolment at a single-sex school, a decision about their eligibility to enrol should be made based on his or her biological sex.

Assistance available to schools within the department

A qualified Principal Education Officer, Learning and Engagement Coordinator can be contacted to provide advice. Legal Services can also be contacted for legal advice.

POSTSCRIPT

FamilyVoice also draws the Committee's attention to **legal issues bulletin 20, LIB20** which refers to the *Changing the way a student name is used and recorded by schools Changing the way a student name is used and recorded by schools* as it is related to legal issues bulletin 55, LIB55.

The **legal issues bulletin 20, LIB20** document strips parental rights by giving School Principals unilateral powers to change the way a student's name is used and recorded by schools. This is a 'parental right and choice' not a 'school' obligation.

Note that ***legal issues bulletin 20, LIB20*** is in direct conflict with the Department's own directive in the document found at https://education.nsw.gov.au/about-us/rights-and-accountability/legal-issues-bulletins/family-law-guidelines entitled:

Family law guidelines: Guidelines to support schools dealing with family law issues.

This document states:

"…that except in specifically defined circumstances which are outlined in the guidelines, it is mandated that a student must be enrolled using the name that appears on his or her birth certificate."

FamilyVoice Australia (NSW) **Recommends** to the *Portfolio Committee No. 3 – Education*

a.3 That the reproduced extract below in legal issues bulletin 20, LIB20 be either withdrawn or revised to make the parent the final arbiter not the school principal in the choice of naming their child.

Transgender students under the age of 18

If both parents consent to change the way the first name is used and recorded by the school, that name can be used and recorded as the child's first name.

If either or both parents object to the change to the way the first name is recorded by the school, the principal needs to make a decision about what is in the child's best interests. This decision should have regard to the age, capability and maturity of the student and can be informed by advice from a health care professional about the potential impact on the student's wellbeing of declining to use and record the student's preferred first name.

The school's records including electronic recording systems can also be updated to reflect the student's identified gender at the time the name is changed.

Further information about the enrolment of transgender students is found in legal issues bulletin 55 – Transgender students in schools – legal rights and responsibilities

The phrase *"If either or both parents object…the principal needs to make a decision…"* overrides the rights of the parents. Most parents would be appalled that the NSW Government is directing principals, under ***legal issues bulletin 20, LIB20,*** to have the final say if a child wishes to identify as the opposite sex at school. Parents, not the government are the primary carers of their children.

Responses to Question '1b':

b. What are FamilyVoice Australia's views on the role of parents in relation to the changing and updating of the bulletin?

FamilyVoice is of the view that parents/ carers should be 'partners' in the schooling of their child. By 'partnership' we mean a mutually respectful and responsive relationship in which
Educational goals are shared, and the assumption of goodwill exists. It also implies participation in decision-making or an ability to influence decisions.

All parents have certain knowledge, skills and resources that support their children's learning in school and so parents have a strong complementary role to play in their children's learning and behaviour.

We are of the view that Parent/Carer participation is very important to student achievement and school success. Effective partnerships between schools and families foster student learning and contribute to the general climate and development of schools. Comprehensive parent/carer participation must be valued and encouraged at all levels of school education.

In particular, the responsibilities of principals, *inter alia*, should also be to ensure that parents/carers are an integral part of the process of education of the child.

FamilyVoice **Recommends:**

b.1 That the NSW Department of Education, or principals, develop a Parental Partnership Program (PPP) and for principals to:

• establish a school environment that welcomes and encourages all parents to raise questions, participate in school curriculum and volunteer their services in a variety of ways;
• ensure that parents are treated as collaborators in children's learning;
• ensure that parent views are sought in developing Bulletins and policies and addressing school wide issues and that parents and/or their representatives are involved in decision making processes about school policies, programs and where necessary finances;
• ensure a school-wide approach to communication with parents about school policies, programs, activities, and reporting on students that is frequent, clear and two way; and
• report on the extent of parent participation to the NSW Department of Education

FamilyVoice stress that parents/carers must be seen as first educators of their children and their right to participate in their children's schooling is paramount.

Parental involvement in the development of departmental *Bulletins* can translate into long-lasting benefits for children from early childhood through adult life. Research shows that parental involvement in children's learning is strongly associated with children's socio-emotional development, later academic success, student engagement and enjoyment of social activities. Studies have found that students with involved parents, no matter what their income or background, are more likely to earn high grades and test scores.

FamilyVoice stresses that parents/families are their children's first and most influential teachers and that continued parental involvement in the education of children/youth contributes greatly to student achievement and a positive school environment.

Research shows that how well a child does in school depends a great deal upon how much their parents get involved in their education. To ensure this occurs, the role of parents in the development of education *Bulletins* must be a mandated under a ***Parent Involvement Policy.***
FamilyVoice **Recommends:**

b.2 That a Checklist for Schools on Parental Involvement be drafted based on the sample below:

CHECKLIST FOR SCHOOLS ON PARENT/CARER INVOLVEMENT	
	Comments
• Does the school have a specific policy on parent/carer involvement?	
• Has the school done a survey of parents/carers on issues relating to parental involvement?	
• Who in the school is responsible for coordinating parental involvement?	
• What mechanisms are in place for teachers to report on their parent/carer involvement activities?	
• Has the school developed a plan for parent/carer participation activities?	

In summary, FamilyVoice Australia's views on the role of parents in relation to the changing and updating of the bulletin is one of 'engagement'. The NSW Department of Education cannot be

allowed to impose ideology and ideological curriculum through the issuance of non-parental vetted Bulletins. The use of the words 'legal issues' is both threatening and inappropriate as a preface to the Bulletins and implies, by default, that no other options are permissible and that schools must follow the directive. This is both false and misleading.

To ensure a transparent and meaningful *Bulletin* content, the involvement of parents is both critical and a prerequisite when moral, social, ethical and gender issues are issued as directives.

-End-

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