



Position Statement: The role of speech and language therapists in supporting children and young people who are gender questioning, gender diverse or trans

September 2026

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The role of speech and language therapists in supporting children and young people who are gender questioning, gender diverse or trans



Authors

Authors include a group of RCSLT members who are SLTs specialising in children and young people's care.

Purpose

This document outlines the importance of providing speech and language therapy support for children and young people who are gender questioning, gender diverse or trans across a range of services and settings.

The paper is aimed at:

- all speech and language therapists who work with children and young people
- decision makers, service planners and other relevant parties involved in the planning and delivery of services, especially when there are complex and/or multiple needs which might be integrated across health, education and social care and other sectors.

It provides information to support understanding of, and the case for, the role of speech and language therapists with this population, both in specialist gender services and within multi-disciplinary teams (MDTs) across a range of settings including community clinics, mainstream schools, special schools, youth justice services and gender services. It also provides a shared starting point for SLTs supporting children and young people who are gender questioning, gender diverse or trans in the context of the recommendations of the Cass Review.

The benefits of embedding SLTs into services to support children and young people who are gender questioning, gender diverse or trans, as described below, are only achievable if additional and sustainable funding for the SLT workforce is made available.

Terminology

Gender questioning is when someone is unsure about their gender or feels that the gender they were assigned at birth doesn't fully match who they are. It is a personal and often evolving experience and can be fully recognised at any age. (Stonewall).

Gender diverse is a term used to describe people with gender identities and/or expressions that are different from social and cultural expectations attributed to their sex assigned at birth. This may include, among many other culturally diverse identities, people who identify as nonbinary, gender expansive, gender nonconforming, and others who do not identify as cisgender. (Coleman et al., 2022, p. S252).

Transgender or **trans** are umbrella terms used to describe people whose gender identities and/or gender expressions are not what is typically expected for the sex to which they were assigned at birth. These words should be used as adjectives (as in "trans people") and never as nouns (as in "transgenders") or verbs (as in "transgendered"). (Coleman et al., 2022, p. S252).

Context

The [Cass Review](#) is an independent report commissioned by NHS England. It examined the clinical approach and service delivery for children and young people experiencing gender-related distress following rising referrals and questions about long-term outcomes and best practice. It aimed to ensure that care was evidence-based, safe, and consistent. The importance of SLT involvement in care of gender questioning, gender diverse and trans children and young people is highlighted.

“The role of paediatric and mental health professionals in this area is well recognised, but the role of allied health professionals has been under recognised. Speech and language therapists are particularly important given that a large subset of this population are neurodiverse or have other communication needs. Screening for these issues and/or advising on accessibility of written and verbal information for consent is essential. Some young people may need specialist voice intervention” (Cass., 2024, pp. 211).

Incidence

Incidence of gender dysphoria in children and young people across the British Isles is 0.41–12.23 per 100,000 (Khadr et al., 2022). Although rare in children and young people, gender dysphoria is ‘...associated with significant levels of mental health difficulties and higher rates of Autistic Spectrum Condition (ASC) and social adversity.’ (Khadr et al., 2022, p. 1119). See [RCSLT Autism guidance](#). The Cass Review (2024) identified an increase in referrals to specialist gender identity services over the preceding decade. Referrals to the NHS Gender Identity Development Service increased from fewer than 200 in 2010/11 to approximately 5,000 in 2021/22. (Cass, 2024, p.85)

The role of the speech and language therapist

The support required by children and young people who are gender questioning, gender diverse or trans will be personalised and they will not all have speech and language therapy needs. The Health and Care professions Council recognise that this role cannot be fulfilled by other professionals, due to the unique training SLTs receive on speech, language, communication disorders and voice (HCPC 2023).

The pre-registration training and development programmes undertaken by SLTs equips them to:

- **Identify and Support Speech, Language and Communication Needs:** Accurately assess and address a range of speech, language and communication needs.
- **Identify and Support Voice Needs:** Evaluate the voice by assessing auditory perceptual, acoustic and functional voice characteristics to formulate a support plan.

SLTs work in line with the evidence base to manage the speech, language, communication and voice needs of children and young people. Their expertise is essential for identifying the individual's unique strengths and needs; ensuring that any barriers to their functioning, learning and social interactions and well-being are identified; and that vocal health needs are managed.

The role of SLTs working with gender questioning, gender diverse or trans children and young people includes:

- differential diagnosis of neurodevelopmental conditions e.g. autism, Developmental Language Disorder (DLD), and selective mutism
- identifying and supporting speech, language, communication and voice need that may not have been identified previously
- facilitating discussions involving the child or young person who has speech, language, communication and voice needs relating to their gender identity
- advocating and facilitating the voice of the child or young person in decision-making and consent related to their care by: supporting them to communicate their wishes; ensuring accessibility of written and verbal information (Cass., 2024, pp211.); supporting the assessment of capacity to consent or make informed decisions about their present and future care (Coleman *et al.*, 2022).

Working with voice

Children and young people may present with vocal distress related to gender dysphoria (i.e. their voice not authentically matching their gender identity) which may impact on their social participation, interpersonal relationships, educational engagement and mental well-being. When working with children and young people's voices directly, SLTs will need to work closely with the multidisciplinary team (MDT) to ensure a collaborative approach and, ensure age, developmental stage and pubertal stage are considered before proceeding with therapy.

Voice support from speech and language therapy might include:

- **Vocal education:** Supporting children and young people through their pubertal voice changes through providing education around voice and pubertal voice changes to minimise anxiety, distress and/ or risk of laryngeal pathology.
- **Voice assessment and therapy:** Voice exploration including breathing pattern(s), muscle tension, pitch, resonance, speech patterns (intonation), rhythm, volume and vocal empowerment.

Children and young people could be at risk of structural laryngeal changes and dysphonia by self-modifying their voice without specialist speech and language therapy support.

Benefits of providing speech and language therapy

- Diagnosing children and young people within this population with speech, language communication and voice needs at the right time.
- Increasing participation in daily activities and improving overall wellbeing.
- Preventing the development of voice disorders from misuse arising from making unsupervised changes to voice and communication.
- Supporting children and young people to be involved and engaged in their care and decision making.

Risks of not providing speech and language therapy

Not every gender-questioning, gender diverse or trans child or young person needs the support of a speech and language therapist. Many navigate their identity successfully with support from family, peers, or other professionals. For those who are struggling with their voice, language and /or communication, not having that support can come with some risks or missed opportunities. This includes:

- undiagnosed (and therefore unmanaged) speech, language communication and voice needs
- children and young people being unable to engage in decisions about their care or provide informed consent
- children and young people being unable to express their needs and wishes
- poor social emotional and mental health outcomes
- dysphonia/ upper airway conditions as a result of the adoption of detrimental techniques which have not been implemented and supported by a speech and language therapist
- clinical and safeguarding risks associated with children and young people not having their speech, language, communication, voice and mental health needs met.

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The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists in the UK. As well as providing leadership and setting professional standards, the RCSLT facilitates and promotes research into the field of speech and language therapy, promotes better education and training of speech and language therapists, and provides its members and the public with information about speech and language therapy.

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