

Intersex/VSC support plan template

Adapted from Gender Spectrum's Gender and Transition Support Plan templates.

Schools can consider working in partnership with the student and their parents and whānau to create a support plan. This plan covers aspects of a student's health and wellbeing, identifying trusted adults and peers at school, and locating safe access to appropriate toilet and changing facilities if required.

The aims of this plan are to:

- communicate the information and processes necessary to ensure the student concerned feels safe and supported throughout their time at school
- minimise any perceived risks to the student and their whānau, while navigating challenging social stereotypes at school.

All information included in this plan should be led and authorised by the student before the plan is implemented. It is recommended that all people involved in the student's support fill out the relevant parts of this plan, and then discuss the plan at a meeting.

NB: Consider that a young intersex person may have experienced or could be continuing to experience medicalised intervention and related trauma. Many hospitals and health professionals do not provide psychosocial support for students or parents/caregivers of intersex rangatahi.

1. Student information

Name: _____

Legal name: _____

Gender: _____

Pronouns: _____

Parent/caregiver name/s: _____

School: _____

Date: _____

What term (if any) does the student use for their variation in sex characteristics?
(i.e. VSC, intersex, DSD, specific variation title, medical condition, no identification)

2. Support team

Who will be part of the student's support team?

Name:	Role:

3. Parent/caregiver involvement

Are the student's caregiver/s aware of their child's variation of sex characteristics?
Y/N

Are the student's caregiver/s supportive of their child's transparency of their VSC?
Y/N

If not, what needs to be considered when communicating with the student's caregivers?

4. Health and medical engagement

Is the student currently receiving medical care in relation to their intersex variation?
Y/N

Does the student want to access support services? (i.e talking with a counsellor,
social worker caregiver or parents) Y/N

If so, please describe the support:

Are there any health or dis/ability factors that need to be taken into consideration?
Y/N

If so, are there any activities that the student feels they cannot participate in due to
social or health reasons?

Does the student want to continue to access their current health providers? Y/N

5. Privacy, confidentiality and disclosure

Who will be notified about the student's VSC?

Other students in class: Y/N

If Yes, when?

Other students in year level: Y/N

If Yes, when?

Other students in school: Y/N

If Yes, when?

If applicable, how will other students be notified of the student's VSC?

Will the student be present when letting other students know of their VSC? Y/ N

If Yes, what role will the student play?

What does the student want the following people to know about their VSC?

Other students or peers:

Teachers:

School counsellor or support staff:

If the student's privacy is breached with the following people, how will teachers or staff respond to this?

Other students or peers:

Teachers:

School counsellor or support staff:

With parents or caregiver/s:

With the wider community:

6. Safety

Who will the 'go-to' adults be at school if the student has any concerns around their own safety?

What will happen when the student feels unsafe?

If the student feels unsafe, what steps will be taken to check in with parents/caregivers or whānau?

7. Names, pronouns, and student records

Does the student have any interest in using a different name or pronoun? Y/N
(if No, skip to section 8)

Name/s and pronouns the student currently goes by at school:

Name/s and pronouns the student currently goes by at home:

Name/s and gender recorded on school enrolment system:

Name/s and gender recorded on National Student Index (NSI) or ENROL:

Name/s and gender recorded on NZQA (if applicable):

If the student has not changed their legal name or their name on ENROL, what steps will be taken to ensure the student's privacy?

Who is the point of contact at school for ensuring consistency of name and gender marker across student documents?

How would the student like school staff to handle incidents of misgendering?

If a student's caregiver/s aren't supportive, how will home communications be handled?

Are there any other considerations around the student's name, pronouns, and gender marker?

8. Toilets and changing facilities

Which toilets does the student feel comfortable using?

Which changing facilities does the student feel comfortable using?

If necessary, who will the student's 'buddy' or contact person be?

What are the student's expectations around using toilets during class trips and overnight stays?

Are there any additional concerns or considerations around toilets or changing facilities?

9. Wider community

Will any information be shared with other families about the student's VSC? Y/N

If Yes, who will notify the families?

How will they communicate with the families?

When will this information be shared?

Are there any other adults outside of the school who wish to act as allies or support people to the student?

Is the student connected to any other intersex young people or adults? Y/N

Would the student or their family like to make contact with online support groups, Intersex Youth Aotearoa or ITANZ?¹ Y/N

10. Other considerations

Are there additional social or cultural factors that will affect the student's safety?

Does the student have siblings at the same school? Y/N

If Yes, what steps will be taken to ensure the sibling/s' safety, privacy and support at school?

Does the school's current dress code enable the student's self-expression?

Are there any other events or curriculum content at school to consider? (e.g. Athletics Day, School Camp, sex education)

¹ <http://www.intersexyouthaotearoa.com/>
<http://www.ianz.org.nz/>

11. Review and implementation of plan

How will this plan be monitored and implemented?

What steps will be taken to make revisions to this plan?

Follow-ups or further action required:

Action:	Who?	Due date:

Signatures from the support team:

Name:	Role:	Signature:	Date: