

Rt Hon Wes Streeting MP
Secretary of State for Health and Social Care

16th February 2026

Dear Wes,

Sex Matters wrote to you last year (on 28th April and again on 24th November) to urge you to rethink the planned trial of puberty blockers following the **Supreme Court judgment on the meaning of sex in the Equality Act**. We said:

“Now that the Supreme Court has ruled out the use of opposite-sex spaces, no promise can be made that medical treatment will enable a person to fit in or go unnoticed while using opposite-sex facilities. The use of these drugs on children too young to understand this is ethically untenable.”

Last week there were further legal developments. The High Court confirmed that the **EHRC was correct to say that the practical implication of the Supreme Court judgment is that separate-sex facilities are provided on the basis of sex, not gender identity**.

The Secretary of State for Education also published a new version of the statutory safeguarding guidance **Keeping Children Safe in Education (KCSIE)**, which confirmed that children cannot lawfully be permitted to use opposite-sex facilities at any time during their school career. This important safeguard will no doubt have been disappointing to children, parents and clinicians who believed the law was something other than this, and these emotions have been strongly expressed.

You have previously defended the trial, saying that it was developed “with the strongest safeguards possible” and is “led by the evidence, not ideology”. However, it was not based on a clear understanding of the relevant laws and is now in direct contradiction with both case law and proposed statutory guidance to schools on safeguarding.

Baroness Cass has raised the danger of children and vulnerable adults falling victim to “magical thinking” and undergoing medical interventions based on unrealistic expectations of what transition might mean. Realistic expectations should include both the legal and medical aspects.

The diagnostic criteria for the study are based on “a strong desire to ‘transition’ and live as the experienced gender”, and the study aims to understand “which potential outcomes are the priority goals for children and young people receiving GnRHa”. But there is nothing in the trial protocol that indicates that the research team has considered whether these desires and goals accord with outcomes that are feasible under UK law.

An illustration of the disjunction between the desires and goals the study anticipates and the UK’s legal framework is the survey tool that asks children to agree with statements such as “Every time someone treats me like my assigned sex I feel hurt”; “I feel unhappy when I have to behave like my assigned sex”; and “My life would be meaningless if I would have to live as my assigned sex.”

Sex Matters is a human-rights charity promoting clarity about sex in law, policy and language
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Another survey tool asks children whether they are “definitely a boy”, “mainly a boy”, “definitely a girl”, “mainly a girl” or “neither a boy or girl”.

Meanwhile KCSIE makes clear that schools have a legal obligation to record each student accurately as a boy or a girl (their sex – it is not “assigned”) and must treat them as their sex when it comes to single-sex sports and spaces. Excluding a child from spaces and sports provided for children who are the *same* sex would be unlawful direct gender-reassignment discrimination under the Equality Act, and there is no basis to include them in spaces provided for the privacy and safety of the opposite sex (doing so could constitute harassment of other children).

Undertaking medical interventions based on implying unachievable goals are achievable and encouraging behaviours that undermine children’s access to education is unethical and likely to be unlawful.

Paragraph 3.2.11 of the Governance arrangements for Research Ethics Committees says:

“A REC must not give a favourable opinion **where it knows the research will break the law. However, it is not the role of the REC to offer a legal opinion on research proposals**, although it may advise the researcher, sponsor or host organisation **whenever it considers that legal advice might be helpful to them**. Researchers, sponsors and organisations where research is carried out remain responsible for making sure the research is conducted in accordance with the requirements of law.”

The Medicines for Human Use (Clinical Trials) Regulations 2004 set out requirements for Good Clinical Practice at Schedule 1. Part 2 (2) provides:

“Before the trial is initiated, **foreseeable risks and inconveniences** have been weighed against the anticipated benefit for the individual trial subject and other present and future patients. A trial should be initiated and continued only if the anticipated benefits justify the risks.”

That children, parents and clinicians may have expectations for transition which are not consistent with the law, or with school rules and policies was an eminently foreseeable risk. This risk has now materialised in the High Court judgment and the KCSIE update. It is likely that young people involved in the study, and any schools that accommodate them, will be breaking the law if they refuse to follow (or become confused about) school rules that relate to their sex.

The study, which was clearly engaging in a legally complex area, should have been assessed by reference to legal advice on whether its conception of “social transition” was consistent with the UK’s legislative framework, including consideration of whether it would put schools under pressure to breach safeguarding and the Equality Act. **We hope you will now report this as a serious breach and ask the REC to reconsider whether legal advice would be helpful to them in deciding if the study should continue.**

Yours sincerely

Maya Forstater
CEO, Sex Matters