"It wasn't the priority": Non-binary Children Experiences and Professional Discourse on Public Service Care During the First Wave of COVID-19

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Abstract

Introduction The lockdown associated with COVID-19 has had a different impact on LGBTI people compared to their heterosexual and cisgender peers, with an even greater impact on children and youth. This study aims to identify the level of satisfaction amongst non-binary children with the attention received from the main social actors during the first wave of the pandemic in Spain, analyse the role of key people, levels of trust, and children's main concerns and needs. Furthermore, it also aims to understand professional responses to the challenges presented by non-binary children and young people during the first wave of the pandemic.

Methods A mixed design has been applied to the collection of quantitative and qualitative data during 2022. A survey of children aged 9 to 17 ($n = 1216$, in which there were 32 non-binary children) as well as 30 interviews with professionals in the sector were used during the academic year 2021–2022.

Results The results of the study show how non-binary children and young people have significantly less satisfaction than their peers who identified as a boy or a girl with respect to the care received, how gender identity played a fundamental role in their experiences during the lockdown and how professional responses have not had the proper tools to adequately address the challenges that non-binary children and young people posed to services and resources.

Conclusions Adversities such as pandemics reproduced and intensified patterns of invisibility, discrimination and social exclusion in most walks of life for children who are outside of the dominant sexual and gender logic.

Policy Implications This piece of work allows us to highlight the needs of non-binary children and young people as well as those of psychosocial care professionals in order to support sexual and gender diversity in post-pandemic conditions.

Keywords Community resilience · COVID-19 · Non-binary · Wellbeing · Children · Social support

Introduction

Experiences with violence and discrimination are significantly higher amongst lesbian gay, bisexual, transgender and intersex (LGBTI) youth than their peers who do not identify as LGBTI (Blondeel et al., 2018; Friedman et al., 2011, amongst others). Several studies point out that this violence occurs in different social, cultural and geographical settings, as well as in the main spheres of life such as the university environment (Martínez-Guzmán & Íñiguez-Rueda, 2017;

Potter et al., 2020), secondary school (Hillard et al., 2014; Kosciw et al., 2022), the family sphere (McConnell et al., 2016), social services (Mallon et al., 2022), Child Protection Services (González-Álvarez et al., 2022), health care services (Kcomt, 2018) or virtual networks (Hubbard, 2020), amongst others. In addition, it must be taken into account that LGBTI youth have a lower well-being score than their non-LGBTI peers, this being significantly influenced by the support they receive in their social setting (Clark et al., 2014; Detrie & Lease, 2007; Garcia et al., 2020; Kosciw et al., 2015). In Spain, the II LGBTI Survey of the EU shows that 67% of gay people, 30% of lesbians, 35% of bisexual people, 51% of transgender people and 47% of intersex people have been ridiculed, teased, insulted or threatened because of their being LGBTI. Furthermore, they also point out that 34% of LGBTI people in Spain have considered leaving or

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changing schools owing to being LGBTI (Agency for Fundamental Rights, European Union, 2020), which shows the pressure and violence to which the LGBTI population is exposed in the early years of life. Data from the USA also indicates a significant degree of violence against adolescents and youth who do not conform to sexual and gender norms. For instance, in the last year, 60.7% of students experienced verbal harassment at school based on their sexual orientation, while 51.3% faced similar harassment due to their gender identity in 2021. Moreover, 22.4% reported being physically harassed because of their sexual orientation and 20.5% because of their gender identity (Kosciw et al., 2022).

The COVID-19 pandemic exacerbated this situation in many of the cases studied around the world. The Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity of the United Nations highlighted the disproportionate impact of the pandemic on LGBT people, considering that, with some exceptions; the responses to the pandemic reproduce and exacerbate patterns of social exclusion (Madrigal-Borloz, 2020). The first academic voices on the impact of the pandemic amongst young LGBTI people warned of the negative impact of the restrictions associated with the containment of the virus on the access these young people have to support outside the family, as well as the fact that some of these young people were confined with family members who rejected them (DeMulder et al., 2020; Silliman Cohen & Bosk, 2020). In addition, some studies highlight that, during the period of lockdown, the mental health of LGBTI youth was particularly affected. In fact, several authors encouraged youth care services to be alert to the specific needs of this population (Gato et al., 2021; Hawke et al., 2021). Likewise, some studies point out the particularities amongst young lesbians, gays, bisexuals, transgender and non-binary women, the latter two groups being the ones that experienced the highest risk during lockdown with regard to their psychosocial health (Kidd et al., 2021; López-Sáez & Platero, 2022). It is important to note that the term "non-binary" serves in this text as an inclusive umbrella category for individuals who do not identify with the conventional gender identities of "male" or "female". From the participants' perspective, it serves as a tool for self-definition.

There are still few studies on the impact of lockdown on the LGBTI youth population in Spain, although Platero Méndez and López-Sáez (2020) point out some consequences such as the reduction in positive interactions with respect to identity and the increase in negative ones. This is why they specify that not only must childhood and youth be taken into account in public health measures, but also sexuality and gender, anticipating concrete and specific measures that can contribute to the prevention of damage to the psychosocial health of LGBTI youth. Other works such as that of Missé and Parra-Abaúnza (2022) on the state

of transgender adolescents in the city of Barcelona show how gender transition amongst adolescents, in addition to increasing in quantitative terms,[1] is also generating new paths that have implications that go further beyond identification with the opposite gender. On these new paths, non-binary identification is gaining visibility (and demand) amongst children and young people, and it would be necessary to analyse how this trend is consolidated.

The importance of services and professionals in assisting children and young people who do not follow sexual and gender norms has been proven. Some local studies have shown how professionals who work in care services for the young LGBTI population have a favourable attitude towards sexual and gender diversity, but preserve views based on sexual and gender logic. This is why professionals who work in the different care services for people must acquire the skills to attend to the specific needs of LGBTI people, seeing as common knowledge is not enough (Baiocco et al., 2021). Thus, professionals must feel empowered to carry out an intervention in which the needs derived from gender identity and sexual orientation are taken into consideration (Moe & Sparkman, 2015). Likewise, organizations also need to consider a model of support for sexual and gender diversity in childhood to provide professional teams with tools (Missé & Parra-Abaúnza, 2022).

In this work, we focus on the environment of non-binary children and young people, and their experiences during lockdown. Specifically, we use the notion of non-binary in a broad sense, which is not reduced to people who have transitioned to the opposite gender assigned at birth, but to the set of people who escape from this assigned gender and seek other forms of identification outside the male/female dichotomy; while when we talk about "boy" or "girl", we refer to those who identify as cis boys or girls, or transgender people, but who identify within the binary framework of male/female. Furthermore, the work is focused on people between the ages of 9 and 17, seeing as this is the age where, in recent years, most of the demands on care services and assistance in transition have been concentrated (see Missé & Parra-Abaúnza, 2022). In addition, if we consider that the lockdown may have had a specific and particularly significant impact on their health and socialization skills (López-Bueno et al., 2021), exploring it is necessary. It should be noted, however, that although our analysis focuses on exploring the experiences of non-binary children and young people, we in no way intend to construct a new dichotomy between

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[1] According to data from the Catalan service for transgender people TRANSIT, the number of requests from children and young people (9–17 years old) increased from 2 in 2013 to 257 in 2021 (Missé & Parra-Abaúnza, 2022, p. 36).

binary and non-binary, as the differences in gender experiences between boys and girls, to whom we would attribute the "binary" category, are also different and cannot be unified without taking into account how gender structures operate amongst them. Following these considerations, and focusing on non-binary children and young people, our work aims to (i) discover the level of satisfaction with the help received from family, school, leisure activities and the neighbourhood, (ii) analyse the support given to them by key people, (iii) analyse the level of trust they themselves have expressed, (iv) learn their main needs and concerns and (v) understand the gender perspective that professionals have had in the design and development of socio-educational resilient practices with children and young people. In the project, resilient practices were understood as any action or initiative organised with the objective of dealing with and reacting to the situations generated by the confinement period (during COVID-19 pandemic), involving children and young people. Thus, a call was made to find out what resilient practices had been developed in the selected area.

Method

The study is part of the research project on children, young people and resilient communities (anonymized reference) with the aim of examining gender perspectives and sensitivity to diversity in support for children and adolescents from the service network during the COVID-19 lockdown. A mixed design has been applied to the collection of quantitative and qualitative data in five territories within Catalonia in order to grasp the scope of the phenomenon but also to gain elements of understanding of it.

The design of the research is based on the concept of resilient communities, understood as those capable of having, developing and using personal, social and community resources to deal with situations and environments characterised by change, disruption and uncertainty, and manage to transform their situation. Therefore, the theoretical model of reference is community socio-educational resilience (Iglesias et al., 2022), which deepens the analysis of the involvement of different social and educational agents in the design and implementation of social and educational proposals to deal with situations of adversity. It contains five dimensions of community educational resilience analysis: (i) guidance and personalization, (ii) identification and use of community knowledge, resources and assets, (iii) collective action and participatory culture, (iv) communication and information and (v) governance and leadership, taking into account the transversal axes of gender, intersectionality and vulnerability.

Table 1 Characteristics of the children and adolescents in the sample

	$N = 1216$	%
Gender identity		
Male	545	45.0
Female	635	52.4
Non-binary	32	2.6
Usual living situation		
With own family	1179	97.8
Foster family	11	0.9
Residential centre	9	0.7
Other	6	0.5
Siblings		
Yes	1047	86.5
No	164	13.5
Child's birthplace		
Spain	1084	90.5
Other	114	9.5
Parents' birthplace		
Spain	801	65.9
Other	414	34.1

Sample and Participants

Quantitative Data Collection

The choice of the five specific territories of Catalonia: District of Ciutat Vella de Barcelona, Girona, Olot, Palafrugell and Celrà, met the criteria of socio-economic and urban diversity: a district of Barcelona with a disadvantaged socio-economic index and a medium-sized city (each of approximately 100,000 inhabitants), two county capitals, one inland and one coastal (between 20,000 and 35,000 inhabitants) and a town of around 5000 inhabitants.

A total of 1216 students between 9 and 17 years of age participated ($M = 14.3$; SD = 2.468) from 26 schools, of which 3 were special education schools. It represents a response rate of 26% of the total number of primary and secondary schools in these territories (there were 100 in total). Participation was higher in small populations. Most of the centres that participated were public.

The characteristics of the resulting sample can be seen in Table 1. When formulating the questions, gender diversity was taken into account with 2.6% non-binary participants, the diversity in living situations, with 1.6% living in foster care or residential care, and diversity in the country of birth, with 9.5% of students born abroad and 34.1% with parents born outside Spain.

Most of the responses came from the compulsory secondary school stage (40.7%), followed by the post-compulsory secondary school (35.6%) and almost a quarter

from primary school (23.7%); 0.9% are schooled in special education centres.

Qualitative Data Collection

An appeal was made to find out what resilient practices had been developed in the five selected territories; we were looking for projects and experiences promoted by public entities or administrations, and by initiatives from the world of associations. This appeal was made through (a) the project's key agents, (b) the project's social networks and (c) each territory's network of associations, sending an email to all entities and services. Ninety-three resilient practices aimed at children and young people were identified, primarily in the field of education but also in health, leisure, community and emotional support programs.

From there, we selected 30 practices so as to be able to conduct interviews with the relevant people (primarily educators, teachers and youth service managers) that would allow us to analyse the dimensions of community resilience present in each of them. The interview selection criteria included (i) a representation of each territory, (ii) that they fit different dimensions of analysis, (iii) that there were different degrees of participation of children and young people and (iv) diversity of fields of action. The majority were run by municipal administrations, entities and associations, from a variety of fields (education, health, leisure and community) as well as children's and young people's groups. An attempt has also been made to collect when children and youth have had an active role in relation to their participation and that the practices have continued after the end of the state of alarm.

Instruments

Questionnaires for Children and Adolescents

A questionnaire was drawn up with both closed and open questions (the respondents could write a text) in relation to the experiences they had with assistance during the pandemic, especially during lockdown. This article analyses the questions regarding: the needs and concerns they had (Likert scales), satisfaction with the help received (11-point scale), and three questions about the support given by key people.

Once developed and validated by a range of experts, a pilot test was carried out with 6 children and adolescents of various ages, thus allowing for adjustments to the accessibility and understanding of the instrument. The questionnaire was anonymous, online, self-administered at school, with the participation of the educational centres, especially the classroom tutor and the support of the research team. Authorization was obtained from the competent authorities,

at the municipal and regional levels. It is available in the data repository (Montserrat, 2023a).

Interviews with Professionals in Social Services and Education

An online file was used for the process of collecting the 93 resilient practices, organised into the following sections: contact details of the relevant people, name of the practice/project/experience, brief description of it, groups involved, territorial scope and observations.

Analysis of this information made it possible to select the 30 interviews according to the criteria mentioned in the sample section. The interview script contained questions related to the five dimensions of analysis: personalization, community knowledge, participation, communication and leadership. Based on these, an attempt was made to deepen each one along the transversal axes of gender perspectives in their practices, and actions taken towards diversity. For example, one of those questions was "Has the gender perspective been taken into account (during the practice creation or implementation)? That is, have gender differences in needs been considered?" This article will cover this content. Both instruments, the online file and the interview script were also analysed and validated by experts from the research team, and it is available in the open data repository (Montserrat, 2023b).

Data Analysis

The triangulation of quantitative and qualitative data was carried out in order to compare the results as one of the possible combinations of the results of the different methods (Greene et al., 1989), thus making the data collection and analysis separate. They complement each other, leading to a better understanding of the phenomenon being studied.

For the quantitative data from the questionnaires, descriptive and bivariate analyses were carried out through the construction of contingency tables and the comparison of averages. The dependent variables were the results of the questions and the independent variable was gender identity (girl, non-binary, boy).

For the qualitative data obtained from the interviews, a thematic analysis of the content was carried out. Transversal content was established as the main category. That say, the content presented in the research that lacks a specific analytical space, not only from the perspective of professionals, services and protocols but also from the viewpoint of young people themselves. After that, an inductive method was followed where subcategories and themes emerged from the reading, coding and recoding of the text, under an inter-judge agreement amongst three members of the research team. Atlas.ti software was used.

Table 2 Satisfaction with the help received according to gender identity*

Satisfaction with the help received from:	Boy		Girl		Non-binary		
	N=545		N=635		N=32		
	Mean	SD	Mean	SD	Mean	SD	P value
Family	8.51	2.037	8.15	2.442	**5.44**	3.663	*<0.001*
School	4.81	3.268	4.84	2.932	**2.66**	3.127	*<0.001*
Extracurricular activity	3.44	3.464	3.48	3.415	**1.34**	2.057	*0.003*
The neighbourhood	3.13	3.218	3.20	3.219	**1.84**	2.941	*0.066*

*Scale 0=not at all satisfied, 10=completely satisfied

Ethical Considerations

The research received a favourable opinion from the ethics committee of the University. It has had the informed consent of all participants as well as from the parents of children under 14 years of age conforming to the university's child protection protocol and in accordance with the current legal framework. The study was conducted in accordance with the Declaration of Helsinki. The investigation has preserved the confidentiality of all cases and has complied with Law 3/2018 on the protection of personal data and the guarantee of digital rights.

Results

The results are presented according to the specific objectives of this work. The first four sections provide the results of the questionnaires given to children and adolescents between 9 and 17 years of age, and the fifth section presents the results of the interviews with the professionals.

Satisfaction with the Help Received

In general, it can be seen that the highest level of satisfaction expressed by children and adolescents is with family (Table 2). However, while this means averages above 8 for boys and girls, for those who identify as non-binary, satisfaction is rated significantly lower ($M=5.4$). Coming a distant second is satisfaction with school, followed by extracurricular activities and the neighbourhood. With these three items, the same trend can be observed, seeing as non-binary children rate satisfaction significantly lower.

People Who Helped Them

In the questionnaire, they were asked to rate the help and support received from different people who can be key in the lives of children and young people. In Table 3 we can see how they all put the mother first, with higher values for girls and significantly lower values for non-binary children. Boys and girls place the father in second place, while non-binary people value the support and guidance received from friends more, and in this case, they do so similarly to girls and above the score of boys. This is the only case on the list of selected

Table 3 Help and guidance received during the pandemic*

Help and guidance received from:	Boy		Girl		Non-binary		
	N=545		N=635		N=32		
	Mean	SD	Mean	SD	Mean	SD	P value
Mother	4.26	0.896	4.33	0.913	**3.48**	1.458	*<0.001*
Father	3.86	1.149	3.87	1.201	**2.69**	1.442	*<0.001*
Friends	3.26	1.345	3.51	1.236	**3.41**	1.240	*0.007*
Classmates	3.05	1.282	3.15	1.156	**2.67**	1.322	*0.065*
Extracurricular monitor	2.89	1.167	3.19	0.991	**2.70**	1.252	*0.012*
Coach	2.98	1.205	2.90	1.197	**2.20**	1.373	*0.047*
Teacher	2.71	1.304	2.76	1.193	2.48	1.180	*0.421*
Neighbours	1.83	1.193	1.94	1.213	1.48	0.898	*0.090*

*Likert scale (1=do not agree at all, 5=totally agree)

Table 4 Confiding in somebody

If you had a problem that worried you a lot during lockdown:	Boy		Girl		Non-binary		
	N=545		N=635		N=32		
	N	%	N	%	N	%	Chi quadrat
I told somebody	247	*45.3%*	334	**52.6%**	11	*34.4%*	**<0.001**
I kept quiet and told nobody	176	*32.3%*	210	*33.1%*	17	**53.1%**	
I didn't have any problems	122	**22.4%**	91	*14.3%*	4	*12.5%*	
	545	*100%*	635	*100%*	32	*100%*	

people where non-binary participants' results are not rated lower. In addition, it should be noted that the same does not apply to classmates, where they rate the help given considerably lower when compared with boys and girls. They also give lower scores for sports coaches and extracurricular activity monitors. On the other hand, there are no differences with the assessment they make of their teacher and neighbours, who are the lowest of the entire list in all three gender identity groups. Furthermore, it should also be noted that girls rate the support received from their mother, friends, classmates and extracurricular activity monitors higher than boys and non-binary children do.

Trust

Table 4 shows that when asked if they were able to confide in someone should they have a problem, girls stand out significantly for being most able to (in half of the cases) and non-binary children, the least (only a third). On the other hand, half of those who identify as non-binary say they kept quiet and did not tell anyone, an amount that drops to a third amongst boys and girls, with some statistical differences between them. Even so, all the percentages saying *I kept quiet and told nobody* are high (boys 32.3%; girls 33.1%; non-binary children 53.1%). Finally, it is notable that a fifth of boys say they had no problems, a significantly higher figure than for girls and non-binary children and young people.

Needs and Concerns

Regarding the needs they had the most during the pandemic (Table 5), by a significant margin, girls said that what they needed most was to see friends and other family members, issues that boys also valued, but less so, while non-binary children even less. They all needed to go outside without intergroup differences and in the case of non-binary children, this was the primary need expressed. Space to play was desired more significantly by boys, while they are the ones who least expressed the need to have someone to talk to about emotions. For their part, non-binary children and young people are the ones who least missed having more information about COVID-19.

The primary revelation would be that in terms of concerns (Table 6), most of the significant differences come from girls being more concerned about many aspects related to family, friendships and school, such as the fear of family contagion, the possibility of parents losing their jobs, getting bad grades and not being able to connect to the internet for class, losing friendships or becoming infected themselves. In all these items, boys and non-binary people have lower scores, with similar scores between both groups. On the other hand, a lack of private space stands out as a concern on the part of non-binary children, something that affects boys the least, as do concerns about arguments that can occur in their living situation, and they are

Table 5 Needs during the pandemic*

For each of these things, indicate what you needed during the pandemic:	Boy		Girl		Non-binary		
	N=545		N=635		N=32		
	Mean	SD	Mean	SD	Mean	SD	P value
See friends	3.74	*1.326*	**4.06**	*1.147*	3.31	*1.655*	**<0.001**
See family	3.65	*1.314*	4.03	*1.224*	**2.81**	*1.537*	**<0.001**
Go outside	3.47	*1.468*	3.64	*1.312*	3.38	*1.718*	**0.085**
Space to play	**3.22**	*1.461*	2.90	*1.414*	2.77	*1.675*	**<0.001**
Somebody to talk to about emotions	**2.46**	*1.415*	3.18	*1.456*	3.03	*1.750*	**<0.001**
Class/homework material	2.70	*1.484*	2.72	*1.561*	2.88	*1.601*	**0.812**
Information about COVID-19	3.04	*1.355*	3.29	*1.233*	**2.69**	*1.203*	**<0.001**

*Likert scale (1=do not agree at all, 5=totally agree)

Table 6 Concerns during the pandemic*

Indicate how worried you were about each of these things during the pandemic:	Boy		Girl		Non-binary		
	N = 545		N = 635		N = 32		
	Mean	SD	Mean	SD	Mean	SD	P value
Infecting the family	3.68	1.381	**3.97**	1.202	3.59	1.563	**<0.001**
That my father/mother would lose their job	3.36	1.405	**3.53**	1.364	3.34	1.516	**0.112**
Getting bad grades	2.97	1.497	**3.27**	1.417	2.81	1.642	**<0.001**
Losing friends	2.85	1.536	**3.14**	1.437	2.77	1.521	**0.004**
Catching COVID-19	2.88	1.402	**3.30**	1.247	2.81	1.378	**<0.001**
Having no private space	2.51	1.386	2.70	1.435	**2.97**	1.470	**0.026**
Not participating in extracurricular activities	2.53	1.506	2.46	1.429	**2.16**	1.298	**0.292**
Arguments with those I live with	**2.47**	1.321	2.81	1.427	2.81	1.615	**<0.001**
Being unable to connect to class	2.15	1.267	**2.41**	1.257	2.16	1.157	**0.001**

*Likert scale (1 = do not agree at all, 5 = totally agree)

instead worried most about not being able to participate in extracurricular activities.

Gender Identity Perspective in the Socio-educational Action of Professionals

The main themes emerging from interviews about the gender perspective that professionals had when developing practices in the social and educational fields aimed at children and young people during the time of lockdown are the following:

- Persistence of heteropatriarchy. Diversity 'as usual'
- Specialty services vs professional skills
- Training needs
- Good practices
- Intersectionality and inequality
- Refusal to incorporate policies with a gender perspective

These topics are explained below and illustrated with textual quotations.

Persistence of Heteropatriarchy. Diversity 'as Usual'

Everything points to the fact that representations of gender identity have remained constant during the pandemic, both due to the lack of ability to identify the specificities that may arise from gender issues (E12) and the reproduction of previously existing stereotypes (E14), in addition, non-binary experiences are made invisible or unrecognised.

> No. We have boys and girls, and every year it's 50/50, but we haven't noticed the need to take this into account. (E12 – educational project)

> With teenagers, we have seen that boys like to play more and girls like to talk more, to tell you things. Boys are more active and girls more passive, but there

is no activity that we have designed specifically for boys or girls. Everyone has done everything. (E14 – Daily Fun)

There is a fairly generalised response in thinking that the gender identity of the users does not affect their experiences (E15, E3), responding more to a difficulty in analysis and interpretation than to a proven fact. In general, from the interviews, little incorporation of gender perspective can be seen, and this idea of the non-identification of gender issues is repeated, assuming for example a lack of difference or that any difference is a question of character (E1).

> It depends on the character of the young person; the young people who had a more childish nature got together and played more than worked, and there were others, both boys and girls, who were a little more mature, who acted like a small committee, chatting and such (E1 – Educational program)

> No, there are no differences. (E3 – Children's Council)

> Gosh, are you saying that boys and girls have very different needs? I think that at these ages... We didn't consider this, we tried to have various activities, without thinking that there are some for boys and others for girls. (E15 – Socio-educational project)

Speciality Services vs Professional Skills

The interviewees discussed a further practice of contacting specialised services when a gender identity issue arose, either for information or for treatment, rather than dealing with it themselves, as can be seen in this quote (E1).

> I identified 2 girls who were curious to learn more, and what I did is refer them to another professional from the board of health with their parents so that they could

resolve all these issues. I don't know if it's because of their homosexual orientation, I don't know if it's because they want to know what penetrative sex is, I don't know, but we did see a lot of comments, a lot of indirect questions. (E1 – educational project)

Training Needs

There is a fairly widespread lack of understanding of what gender mainstreaming actually means, namely the inclusion of gender relations analysis in professional actions and services providers. Gender perspective is portrayed as something that must be explained to boys (E6), highlighting the professional body's need for training.

> In this case, gender perspective would apply to boys, because girls at this age are much more mature and independent. Therefore, if something had to be done from a gender perspective, it would be worth considering why it is more difficult for boys. (E6 – academic support project)

Good Practices

In line with this, when they receive training and have awareness of this issue, not only do they have tools, but also a greater sense of security in addressing these issues. Thus, some good practices can be observed amongst the interviewees: when gender identity perspective is incorporated in a participatory way, resulting in a transformation in language and in relationships (E5).

> And the idea was to create a relational space where, through activities that were a pretext, a debate was generated from a gender perspective, and where they raised the questions that most worried them about what it means to be a woman in the 21st century. From here, we established some lines of work such as inclusive language, sex-affectiveness, and a third line, like this at the beginning, and we started to generate activities, to co-generate let's say because we discussed them and if they liked it well, we worked on them. (E5 – social project)

> It should be noted that good practices have been put in place, but that they are not characteristic or exclusive to the situation of a pandemic (E23). That is to say, there has been no explicit proposal to pursue diversity (E18), but rather it is a fact of the social environment, upon which a positive discourse on diversity is built.

> Suddenly, a transgender boy comes to the group. Well, well, let's work with that, he shares it, so it's okay. I'm

telling you, they choose this. We only give them tools so that they can take their own steps. (E23 – social project) Without premeditation, now that I think about it, I do see that we have been quite aware of it or that perhaps it is something that is already quite integrated in many cases. (E18 – training-work placement project)

Intersectionality and Inequality

While there are professionals who argue that gender issues were less relevant because lockdown was universal, others recognise that gender inequalities can significantly affect young people (E9).

> We know that people's health is marked by their social environment and that social inequalities between people can be, and are, something that can either help or hinder their health. Hence, gender, one of the great social inequalities that exist, as well as issues related to heteronormativity or social class, ethnicity... let's not forget that this also puts us at risk. In other words, the virus is something that is homogeneous for everyone, but there are obviously those who find it more difficult to take care of themselves. And if already, with issues of precautionary pressure, we see that one of the big barriers is the patriarchy, we were very afraid that exactly the same would happen with COVID-19, since they are ultraconcerned about COVID-19 and they are not, right? We must absolutely turn these messages around and be able to work with them to dismantle sexist complicity and the culture of risk, and with them to empower them, to be able to listen to each other and to be able to consider what they want and what they don't want. That's not to say there aren't empowered girls or failed masculinities later on, though. (E9 – social project)

Refusal to Incorporate Policies with a Gender Identity Perspective

There are also some professionals who point-blank deny the need for incorporating a gender perspective and declare themselves opposed to any action of positive discrimination. That is to say, those actions targeted specifically at reducing discrimination against historically marginalised or stigmatised groups, such as the following case:

> Yes, we want to avoid this positive discrimination a bit, for me it is something that I do not like at all, I think it is totally useless to engage in positive discrimination. (E21 – musical social project)

> From the interviews, it can therefore be seen that diversity has not been more central than in pre-pandemic activities.

The services have maintained their target groups and do not show that new initiatives have been made taking into account the experiences associated with the gender identity of the people using those services.

Discussion and Conclusions

The results presented, both those coming from the answers of the young people to the questionnaire and from the professionals in the interviews, confirm the importance of examining the environment of non-binary children and young people, and their experiences during lockdown. In this study, some ideas have been identified that serve to advance the knowledge of personal and psychosocial situations, based on the experiences of non-binary people during lockdown. Additionally, it allows us to highlight the needs of non-binary children and young people as well as those of psychosocial care professionals in order to support sexual and gender diversity in post-pandemic conditions.

The satisfaction that non-binary children and adolescents express regarding the help they received during lockdown shows they have the same priorities as their peers in terms of the living situations that support them (family, school, extracurricular activities and neighbourhood), but with clearly lower levels of satisfaction in all these different scenarios. This is in line with the study by and López-Sáez and Platero (2022) which shows that cis people have more support than transgender and non-binary people, and that, during lockdown, LGTBQ+ people confined to homes that were often hostile to their sexuality and turned to social networks on the Internet in order to receive the support that was difficult for them to find otherwise. This lack of support in close social settings correlates with the experiences of discrimination and violence that a range of studies show and is significantly higher amongst LGTBQ+ children and young people in diverse walks of life (Blondeel et al., 2018), but especially within the family (McConnell et al., 2016) and academic institutions (Hillard et al., 2014; Kosciw et al., 2022), amongst others. Local support is a necessary protective factor for people who do not follow sexual and gender norms (Frost et al., 2016) and is especially significant for children and young people.

More specifically, regarding the support, help and guidance received during lockdown from key people (mother, father, friends, classmates, teachers and neighbours), the non-binary people in the study generally show less satisfaction than those who have identified as boys or girls. This difference is particularly significant in the case of fathers, who they rate more than one point lower than do boys and girls. In this research, we do not have any other data that could help explain this assessment, but other studies prior to the pandemic have shown how hegemonic masculinity plays a fundamental role in the relationship with gender and sexual orientation in the family environment (Jadwin-Cakmak et al., 2015), as well as other factors such as the role of religion in the family (Roe, 2017).

Our work provides stark evidence of the negative impact of the pandemic on the psychosocial health of non-binary children and young people given that, when faced with a problem (as nearly 80% state that they were), half of these children and young people felt unable to confide in anyone and remained silent, whereas that figure is reduced to a third in the case of their peers. This fact illustrates and corroborates the results of some studies on how the mental health of LGTBQ+ people has been particularly affected during the pandemic, both outside our context (Kidd et al., 2021) and within (López-Sáez & Platero, 2022).

Regarding their needs during the pandemic, non-binary children and young people rated seeing other family members as the least pressing of the selected needs, with differences of more than one point with respect to those who identified as boys and girls. This follows the same trend that was apparent regarding the support received from the family. This fact is particularly significant if we consider that the family is the primary living situation for most of the people who answered the survey. However, non-binary children and young people state that first, they need to go outside, followed by friendships and someone to talk to about emotions; this type of need, falling more in the personal and psychosocial sphere, is reaffirmed when they state that one of their main concerns is, unlike their colleagues, not being able to have private space, after such considerations as not infecting the family or losing work. All these results highlight the need for improvement within families, enabling them to better support children and young people in meeting their specific needs. Likewise, the findings emphasise the importance of child and youth care services being particularly attentive to the needs of the young LGBTI population. In other words, it is not only essential to equip families and professionals working in family intervention with practical skills but also to provide training for professionals directly involved in caring for children and young people regarding matters of sexual and gender diversity. This last idea, as shown below, is qualitatively reinforced by collecting the voices of professionals.

It is possible, when examining the perspective of professionals in the design and development of socio-educational practices with children and young people during the pandemic, to corroborate the tendency towards the obscuring of non-binary experiences, based on the interviews carried out in this work. That is to say, professionals have the capacity to identify boys and girls given that this corresponds to the social order, but they do not have the capacity to make a critical analysis of the implications of gender identity in the social relations of the service. Nor do they have the ability

to identify other forms of gender expression because their view tends to be ciscentric. Moreover, a practice that is mentioned in the work is, when faced with the need to solve a gender issue (of information or intervention), certain professionals, due to insecurity, fear or a lack of knowledge, pass the responsibility to specialised services or professionals. This clearly reflects the obvious lack of training that professionals in socio-educational centres, services or programs receive in terms of sexual and gender diversity perspectives. All this highlights the need for training that enables professionals to respond to the concerns and specific needs of the LGTBQ group, to gain more security in addressing gender issues (Baiocco et al., 2021), to be seen by young people as trusted agents and people capable of helping them, and ultimately to become one more socio-educational agent with the capacity to contribute to the design and implementation of community actions that face and transform situations of uncertainty and adversity and thus activate community socio-educational resilience (Iglesias et al., 2022).

This research identifies some good practices that incorporate gender perspective in a participatory way, through the transformation of language and some forms of interaction and relationship, as well as some other practices, not specific to the pandemic but rather already existing and previously active, which have been deployed from the perspective of a positive discourse on diversity. These practices are limited in scope, and, moreover, it cannot be said that, in general, new experiences have appeared in socio-educational services in terms of the introduction of sexual and gender diversity during the pandemic. Rather, those services that have done so adapted previous practices, and services that had not previously still do not. This is compounded not only by the lack of support perceived by non-binary children and young people, but also with the different responses from boys and girls, firmly anchored in the performance of gender identity roles. The training needs of professionals are clear to see, becoming a challenge for the whole community, from the political and legislative sphere to universities, service academics and practising professionals.

One of the limitations of this study is the low percentage of children who identify as non-binary, given that it is not specifically aimed at this population, as well as the possibility that not everyone who may identify as such did so, due to a lack of trust in the instrument and their school. Another limitation is that this study only presents the children's quantitative responses and not their qualitative perspective, which could enrich the possible explanations for their statements. One of the implications for future research is to incorporate more accurate information regarding "non-binary" in different cases. Despite the limitations, in this study nonbinary positions were observed to not only be a challenge to a society that thinks in dichotomous male–female terms,

but they also represent a challenge for adult generations of transgender people who preceded them with whom they do not necessarily identify (Meadow, 2014). In general, this work maintains that the pandemic has reproduced and intensified patterns of invisibility, discrimination and social exclusion in most walks of life for people who are outside of the dominant sexual and gender logic.

Declarations

Competing Interests The authors declare no competing interests.

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