

Briefing for debate on S6M-13090 Meghan Gallacher: Implementing the Cass Review in Scotland – “That the Parliament welcomes the report submitted by Dr Hilary Cass on gender identity services for children and young people; recognises the report as a valid scientific document, and calls on the Scottish Government to implement the recommendations of the report that are applicable to NHS services in Scotland.”

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The Equality Network is a leading Scottish LGBTI equality and human rights charity. Scottish Trans is the project of the Equality Network focusing on the equality, human rights and inclusion of trans people.

We want every child or young person to get the individualised care that’s right for them at the time that’s right for them.

We have always been clear that we do not think that all children and young people exploring or questioning their gender identity, or experiencing distress about it, will come to understand themselves as trans, or to transition. But some will. We think that it is absolutely vital that those children and young people are able to access the healthcare that they need.

Dr Hilary Cass agrees. She says: “**For some, the best outcome will be transition, whereas others may resolve their distress in other ways.** Some may transition and then de/retransition and/or experience regret. The NHS **needs to care for all those seeking support.**” (p.21, emphasis added)

Any changes to services for children and young people in Scotland must result in services that meet the individual needs of each and every one of them.

Background

The Cass Review was commissioned in 2020 by NHS England to independently review and make recommendations about services commissioned by NHS England for “children and young people who are questioning their gender identity or experiencing gender incongruence”. Dr Hilary Cass published the final report of her review in April 2024.

Terms of reference: <https://cass.independent-review.uk/about-the-review/terms-of-reference/>

Final report: <https://cass.independent-review.uk/home/publications/final-report/>

Recommendations for children and young people’s gender identity services in Scotland were outwith the scope of the review. The Sandyford Young Person’s Gender Service has always operated differently from the (former) Tavistock Gender Identity Development Service (GIDS) in England. Many of the report’s recommendations are informed by evaluating the operation of GIDS in England.

However, there is of course overlap between the English and Scottish context. While some recommendations will not be relevant at all, others may be. But those recommendations still require choices about how they are taken forward. It is important that those choices are made carefully, to deliver services that meet the needs of all children and young people who need them.

Scottish children and young people's gender identity services

The Sandyford Young Person's Gender Service¹ is the only specialist gender identity service in Scotland that provides care to children and young people "experiencing uncertainty or distress about their gender".

Children and young people in Scotland have for years been unable to access that care in a timely fashion. There are currently more than 1100 young people on the waiting list for the service.

At the moment, a child or young person who is offered their first appointment with the service will have been waiting for four years. Our understanding is that there are often months where no first appointments are offered, and that tiny numbers of young people are being taken off the waiting list each year.

Each quarter, more people join the waiting list than are offered first appointments. This means that currently each child or young person joining the waiting list will, without urgent improvement of the service, be waiting even longer than the person before. If nothing changes, we expect a significant proportion of children and young people who join the list to never be offered an appointment, as they will age out of being eligible to be seen whilst waiting.

The Scottish Government introduced the "[NHS gender identity services: strategic action framework](#)" in December 2021 to try to address some of the longstanding issues with gender identity services for people of all ages. It is our view that the commitments contained in the framework, in the medium to long term, should lead to significant improvement to services.

But since the framework's introduction, the waiting list for the young person's service has got longer. **More urgently needs to be done to ensure that young people can access the care they need.**

Supporting every child and young person to get the outcome that is right for them

We are very concerned that some people have responded to the Cass Review by implying that implementing its findings means preventing all children and young people from transitioning. This is simply not the case, and would cause significant harm to those children and young people whose lives would be improved by doing so.

Dr Cass says:

"This Review is not about defining what it means to be trans, nor is it about undermining the validity of trans identities, challenging the right of people to express themselves, or rolling back on people's rights to healthcare." (page 12)

And:

¹ <https://www.sandyford.scot/sexual-health-services/gender-service-at-sandyford/gender-young-people-service/>

“There should be no hierarchy of gender identity or how this is expressed, be that socially or medically.” (page 21)

We have heard from families supporting young people to access gender identity services, and from people who have used the young person’s service, that being trans, living true to themselves, and (for some) accessing endocrine treatment as part of that, were all positive, hopeful, joyful things.

Improving services and delivering person-centred care requires taking, as a starting point, that the best outcome for any child or young person is totally individual to them.

Increased skills and knowledge across the NHS

At the moment in Scotland, there are far too few health care practitioners who feel confident supporting children and young people (or indeed adults) who are exploring or feeling distress about their gender identity. We hear frequently about young people who try to seek support for non-gender related distress, such as depression or anxiety, who are referred on to specialist gender identity services if they also disclose that they are feeling uncertain around their gender identity, or are trans.

This then means that young people are put on to an extremely long waiting list, with no support in the meantime. This situation is totally unacceptable. It is vital that general children and young people’s mental health services and wider health services are able to provide support to all young people within their area of expertise.

The is similar to the situation in England that is described in the Cass Review.

Dr Cass says:

“There is a lack of confidence among the wider workforce to engage with gender questioning children and adolescents. Many clinicians working with children and young people have transferable skills and expertise, but there is a need for all clinicians across the NHS to receive better training on how to work sensitively and effectively with trans, non-binary and gender-questioning young people” (page 38)

We think that there is the need for this training in Scotland too. One of the commitments in the Scottish strategic action framework to improve gender identity services is the development of a “transgender knowledge and skills framework” that should result in the upskilling of healthcare practitioners across the NHS on providing care for trans people.

However, we are concerned that through our engagement with NHS National Education for Scotland on developing that framework, there is the potential that it may not cover children and young people as well as adults. It is really important that it does so, to increase the confidence and knowledge of clinicians, and improve the experiences of gender questioning and/or trans children and young people whenever they access healthcare.

The need for more evidence

We agree with the Cass Review that more evidence on trans children and young people’s health outcomes is needed, and we would support any efforts to conduct collaborative, ethical research that could improve treatment options and outcomes.

But we note that some of the conclusions in the report about the evidence base, particularly around endocrine treatments, are not universally agreed by the international medical community.

Healthcare practitioners in Canada², Australia³ and New Zealand⁴ have reacted to the Cass report explaining that they continue to be of the view that evidence supports the use of endocrine treatments for some children and young people. Austria, Germany and Switzerland also jointly published an updated clinical pathway last month, and will continue to prescribe endocrine treatments for some children and young people⁵.

The Cass Review itself recommends that puberty blockers are prescribed for children and young people where this is judged to be in their clinical best interests, within a research protocol. The NHS Greater Glasgow & Clyde announcement about pausing referrals for puberty blockers and gender affirming hormones refers to the possibility of joining NHS England research to improve the evidence base⁶.

Yet as far as we are aware this research protocol does not yet exist, and there is no information about its intended design.

Much focus since the publication of the Cass Review final report has been on not prescribing puberty blockers or gender affirming hormones. **There has been far too little focus given to the fact that what the review has in fact said is that these treatments may be the right thing for some young people, and that the position in some other countries, on the basis of the same evidence, continues to be that these treatments are the right thing for some young people.**

Yet the position in Scotland is now, indefinitely, that no child or young person will be able to access endocrine treatments.

We are really concerned that this means that there are some young people who are unable to access the care they need.

We urge MSPs to:

- **Collaborate on ways that the Cass Review findings can be used to increase and improve timely access to appropriate care for all children and young people experiencing uncertainty or distress about their gender identity**
- **Urge the Scottish Government and NHS to urgently prioritise resourcing high quality, ethical research that means that no child or young person in Scotland is denied the care they need**
- **Use your influence with your local health boards, Health and Social Care Partnerships, and Integration Joint Boards to seek urgent solutions to the lack of care this group of children and young people currently face**

² <https://www.cbc.ca/news/health/puberty-blockers-review-1.7172920>

³ <https://www.theguardian.com/australia-news/2024/apr/20/england-nhs-dr-hilary-cass-review-transgender-healthcare-impact-australia>

⁴ <https://www.nzherald.co.nz/nz/nz-government-wont-say-if-it-will-follow-uks-move-to-ban-routine-use-of-puberty-blockers-as-treatment-for-trans-youth/XM4LR3XIVZF2JAKJU74OOELSOU/>

⁵ <https://www.sciencemediacenter.de/alle-angebote/press-briefing/details/news/awmf-leitlinie-zu-geschlechtsinkongruenz-und-dysphorie-im-kindes-und-jugendalter/>

⁶ <https://www.nhsggc.scot/service-update/>