



By email from vic@equality-network.org

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Dear Jenni and Gregor,

We are writing to you following the publication of the "Cass Review – implications for Scotland: findings report", which we read with significant interest.

We wanted to share our perspectives on the findings report, alongside what we think are wider essential issues to consider to ensure that we move forward as quickly as possible towards every child and young person in Scotland being able to get the care they need, when they need it. Everyone agrees that that is not currently the reality for trans, gender diverse, or gender questioning children and young people.

We have aimed to do so as briefly as possible, although the issues are of course complex. We would welcome the opportunity to meet at any time to discuss them further.

Perspective on the findings report

Overall, we welcome much of the report – in particular the parts that outline what good gender identity healthcare could look like for children and young people in Scotland, and how we might get from the current situation to one where this is a reality. We think that some of the most positive recommendations from the report are:

- that gender identity healthcare should be normalised
- that children and young people should be able to be seen by the right clinician at the right time, as close to home as possible
- that there needs to be an upskilling of the wider workforce so that more healthcare practitioners are confident working with trans, gender diverse or gender questioning children and young people
- that a future specialist service should be provided in a paediatric clinical setting.

However, we do have some key concerns:

- the report and its recommendations are very much framed around the question of whether recommendations of the Cass Review Final Report “can” be implemented in Scotland, not if they “should” be implemented. We worry that this places unnecessary limitations on the possibilities for improving services in the future.
- we remain concerned that the decision to pause referrals for endocrine treatments for under 18s means that there are children and young people in Scotland who are unable to access the care they need to live happy and healthy lives. This is despite the fact that there are a range of clinical experts around the world who dispute the Cass

Report's findings on the existing evidence base for the safe and appropriate use of these treatments¹.

However, we understand that providers of gender identity services in Scotland and the UK have decided that they will only recommence endocrine treatments for children and young people, specifically puberty-suppressing hormones, if there is an increased evidence base on their use. With this in mind, we are concerned that:

- there are not yet details of when any research protocol that would allow for improving the evidence base on the use of puberty-suppressing hormones might be in place, or what its design may be.
- it is not clear about the extent to which children and young people themselves, their families, and the organisations that work to ensure that they receive high quality, timely care, have been or will be involved in the design of that research protocol.

Key considerations

More broadly, these are some of the key considerations that we think are paramount to ensuring every trans, gender diverse or gender questioning child and young person is receiving the care that they need in Scotland:

- being trans, and transitioning, should never be considered a “bad outcome”. We want every child and young person to get the care that is right for them – whether this involves exploring their gender but ultimately deciding that they are not experiencing gender incongruence, identifying as trans and choosing to socially transition but not to undergo any medical interventions, or identifying as trans and, with clinical advice and oversight, accessing the medical interventions they need to allow them to live happier and healthier lives. Taking a non-judgemental, individualised approach that is curious about and open to the needs of each individual must underpin the future design and delivery of services.

¹ For example, the “Evidence Based Critique of the Cass Review” published at Yale Law School: <https://law.yale.edu/yls-today/news/white-paper-addresses-key-issues-legal-battles-over-gender-affirming-health-care>

- all decision-making about the future of services should include children and young people themselves, their families, and the organisations that work to ensure that they receive high quality, timely care, in decision-making processes.
- learning from the past several years of work to deliver the “NHS gender identity services: strategic action framework” should inform the approach to a needed focus on children and young people’s services. In particular, the need for significant and urgent resourcing in terms of staffing capacity and financial resources to move work forward in this area as quickly as possible.
- we very much hope for a future where every single trans, gender diverse or gender questioning child and young person is able to access the care they need when they need it. But much more needs to be done in the interim period for the 1000+ children and young people on the Sandyford Young Person’s Service waiting list while that remains far from the reality.

We hope that outlining our views will help to inform the Scottish Government and NHS Scotland’s thinking on how to move forward with the urgent improvements needed for gender identity healthcare for children and young people in Scotland.

We are sure that we will discuss these matters when we meet with the Minister in September, but are always happy and available to meet to discuss this issue of significant importance whenever that is possible and appropriate.

Yours sincerely,



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