

## Briefing for members of the Health, Social Care and Sport Committee on “Independent Review of Gender Identity Services for Children and Young People” 29.10.24

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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.

That is currently far from the reality for trans, gender diverse or gender questioning children and young people in Scotland.

It is vital that action taken to improve services for children and young people:

- happens as quickly as possible,
- is led by the best available evidence from around the world, and
- is shaped by the young people and families who need to use services.

### Background

On 18<sup>th</sup> April 2024<sup>1</sup> NHS Greater Glasgow and Clyde and NHS Lothian announced that the Sandyford Young Person’s Gender Service would no longer be referring under 18s to paediatric endocrinology as part of the care pathway – which means people using the service will no longer be prescribed puberty blockers (which pause pubertal changes), nor will 16 or 17 year olds be prescribed testosterone or oestrogen (which have masculinising or feminising effects on secondary sexual characteristics).

This was largely the result of work relating to the Cass Review<sup>2</sup>, which 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”.

Subsequently, the Scottish Government asked the Chief Medical Officer’s Directorate to produce a report into which findings from the Cass Review’s final report were relevant for services in Scotland. The “Cass Review – implications for Scotland: findings report” was published on 5<sup>th</sup> July 2024<sup>3</sup>.

On 3<sup>rd</sup> September 2024, the Minister for Public Health and Women’s Health announced that the Scottish Government had accepted the recommendations of the Chief Medical Officer’s Directorate’s report, and

<sup>1</sup> <https://www.nhs.gov.uk/service-update/>

<sup>2</sup> <https://cass.independent-review.uk/home/publications/final-report/>

<sup>3</sup> <https://www.gov.scot/publications/cass-review-implications-scotland/documents/>

that the Chief Operating Officer's Directorate would be establishing a task and finish group to take forward the recommendations and to establish a new regionalised service, based in a paediatric clinical setting<sup>45</sup>.

### Our view 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 two key concerns.

#### 1. Limiting options for service improvements to recommendations of the Cass Review

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.

Whilst we understand that the purpose of the findings report was to determine the applicability of Cass Review recommendations to Scottish services, the sole focus of the subsequent work to develop these improvements should be on delivering the best possible care for children and young people. They must be shaped by the totality of available evidence, from around the world. This should include, for example, considering the findings of a review into gender identity services for children and young people in Queensland, Australia, published in July 2024<sup>6</sup>.

We very much hope that this will be the approach taken by the task and finish group established by the Scottish Government.

#### 2. Ongoing inability to be referred for endocrine treatments

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 treatments<sup>7</sup>, and that more recent reviews of the same evidence base, such as one commissioned by the government of New South Wales in February 2024 and published in August, finding that:

"These medications can delay the physical changes of puberty, giving young people more time to explore their gender identity without the added stress of unwanted changes to their body. The research shows that these medications are safe and work well to delay puberty, and their effects can be reversed if stopped."<sup>8</sup>

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<sup>4</sup> <https://www.gov.scot/news/gender-identity-healthcare-2/>

<sup>5</sup> <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=15967>

<sup>6</sup> [Queensland Children's Gender Service \(health.qld.gov.au\)](https://www.health.qld.gov.au/queensland-childrens-gender-service)

<sup>7</sup> 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>

<sup>8</sup> <https://www.saxinstitute.org.au/resource/evidence-for-effective-interventions-for-children-and-young-people-with-gender-dysphoria-update>

Similarly to our concern around restricting the scope of future service improvements to recommendations of the Cass Review, we are concerned that basing decision-making on treatment options exclusively on the findings of the Cass Review may mean that the right decisions are not being taken.

### Next steps

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.
- 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.
- there must be significant and urgent resourcing in terms of staffing capacity and financial resources to move work forward in this area as quickly as possible.
- More needs to be done for the close to 1000 children and young people on the Sandyford Young Person’s Service waiting list while service redesign and improvements are implemented.

### Chalmers Gender Identity Clinic has stopped 18-24 year olds being referred for surgical interventions

We have recently been made aware of the fact that Chalmers Gender Identity Clinic, which provides gender identity healthcare for adults from NHS Lothian, NHS Borders and NHS Fife, has stopped referring people aged 18-24 for gender affirming surgeries.

Gender affirming surgeries are an exceptionally important part of the medical interventions that are available to trans patients, and this decision presents a serious interruption to trans people’s ability to access healthcare. It will undoubtedly be having a significant impact on people – several of whom have already been in touch with us to ask us if we are aware of this change, and to express their distress and concern about the delays to their treatment. There is currently no indication of who has taken this decision, and whether or when it may change, as it urgently needs to.

Patients are being told that this decision has been taken as a result of the recommendations in the Cass Review, and also those in the Chief Medical Officer’s report into its implications for Scotland.

We do not agree that either of these documents recommend that trans adults, aged 18-24, should be prevented from accessing gender affirming surgeries, or be treated as a discrete group, and differently from all other adult patients at adult services. We are therefore extremely concerned that Chalmers GIC has taken this decision, which has really profound consequences.

We would welcome the witnesses at Tuesday’s meeting being asked to comment on whether they think that the “Cass Review – implications for Scotland: findings report” does indeed recommend restricting 18-24 year olds access to healthcare in this way.