

## Response ID ANON-DFFK-X2ZW-P

Submitted to Referral pathway for specialist service for children and young people with gender incongruence  
Submitted on 2024-02-02 13:34:14

### About you

1 In what capacity are you responding?

Other

If you have selected 'Other', please specify:  
Trans Advocacy Organisation

2 Are you responding on behalf of an organisation?

Yes

If you have selected "Yes", which organisation are you responding on behalf of?:  
TransActual

### Referral pathway for specialist service for children and young people with gender incongruence

3 To what extent do you agree with the following point? Referrals to the waiting list may only be made by general paediatric services or CYP mental health services.

Disagree

Please provide comments (200 word max):

From reading the service specification, it appears as if it is designed to delay young people's access to support around their gender for as long as possible.

By requiring a referral via a paediatrician or CYP mental health services, the proposed specification puts additional pressure on already over-stretched services which have long waiting lists of their own. This will cost the NHS money and it will cost the young person time - additional time which will prevent them from delaying puberty if that's what they wish to do and additional time living with distress and uncertainty.

Professionals in general paediatric services or CYP mental health services are no better placed - and in some instances may be less well placed - to identify whether or not to refer a young person to gender services. The requirement for the pre-referral consultation indicates that NHSE has little confidence in paediatrics or children and young people's mental health services to make an appropriate referral. If this is the case, there is little point in adding them as an extra step in the referral process. Having reviewed the MindEd resources, we doubt that these will do much to support professionals due to the transphobic and ableist assumptions running as a theme throughout the content.

Having to attend first an appointment with the GP and then an appointment with either CYP mental health services or paediatrics places extra burden on the young person. They will potentially have to miss more school than necessary and their parent(s)/carer(s) will have to take more time off work than necessary. This may have financial and educational impacts. They will also be required to repeat the same information at least twice and be asked to 'prove' themselves repeatedly. This is unfair.

The service specification offers no information on a young person's recourse to appeal or second opinion if the clinician refuses to refer them, or what they are to do if their GP refuses to refer them for a referral appointment. This may particularly impact young people living in rural areas, who may not have the option to change GP.

4 To what extent do you agree with the following point? Children under 7 years of age will not be added to the waiting list.

Disagree

Please provide comments (200 word max):

No evidence has been offered for this decision and there is a lack of transparency as to why the age of 7 has been chosen as a cut off point. No acknowledgement is offered that many trans people report knowing that they were trans from a much younger age than 7.

With current waiting times, a child referred at 6 would be unlikely to be seen until they are at least 10 years old. At this age, some children have already entered Tanner Stage 2 of puberty and may be experiencing quite significant distress. To place an age limit of 7 may act to add an extra year to that distress.

The concerns about the impact of gender stereotyping on inappropriate referrals could be addressed quite easily when screening the referrals - surely this is what the Gender Experience Summary is designed to help with. Given that just 1.3% of referrals are for children under 7, this will not add significantly to the workload of NRSS.

5 To what extent do you agree with the following point? Young people aged 17 years will not be added to the waiting list of the children and young people's gender incongruence service as a temporary measure in response to long waiting times.

Agree

Please provide comments (200 word max):

Given the waiting time, there is no point in 17 year olds being referred to a children and young people's service. Arguably, there is little point in anyone over the age of 15 being referred to a children and young people's service - they're unlikely to be seen by the children and young people's service or by an adult service before they reach 18.

It will be important to make sure that GPs are aware of this change to prevent unnecessary delay in referring to an adult gender identity clinic.

6 To what extent do you agree with the following point? Young people aged 17 years will not be added to the waiting list of the children and young people's gender incongruence service as a temporary measure in response to long waiting times.

Agree

Please provide comments (200 word max):

Given the waiting time, there is no point in 17 year olds being referred to a children and young people's service. Arguably, there is little point in anyone over the age of 15 being referred to a children and young people's service - they're unlikely to be seen by the children and young people's service or by an adult service before they reach 18.

It will be important to make sure that GPs are aware of this change to prevent unnecessary delay in referring to an adult gender identity clinic.

We're aware that currently young people in this situation have been required to get a new referral to an adult gender clinic. This places unnecessary burden on the young person and the GP. Given that NRSS have been commissioned to manage referrals and the children and young people's waiting list, surely there could be a system by which young people on the waiting list receive an online form at the age of 17 asking them which adult clinic they'd like to be referred to. They could also be given the chance to indicate that they'd like their referral to be withdrawn. With the appropriate IT solution, much of this could be automated and need not add much administrative burden

7 To what extent do you agree with the following point? The role of the pre-referral consultation service.

Somewhat disagree

Please provide comments (200 word max):

We welcome that the pre-referral consultation service will help local professionals to support young people on the waiting list. A pre-referral consultation and care planning process for young people on the waiting list is a good idea. But it must involve the young person and should not be a conversation that happens without them present for at least part of it.

We have a number of concerns relating to its role in deciding whether a referral will be rejected. The referral letter and Gender Experience Summary ought to already provide enough information as to whether or not to accept a referral. If not, then there is an issue with the design. The role of the pre-referral consultation ought not to form the basis of an initial assessment appointment - particularly when the clinician making the decision to reject the referral has not even met the young person or had the opportunity to speak to them. Furthermore, there is no indication as to whether a young person would be able to appeal the decision to reject the referral or to ask for a second opinion.

8 Do you have any comments on any other element of the service specification - if so, please specify below in the text box below.

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We're concerned that, if this service specification is implemented in its current form, that young people will find it harder to access referral and that, if there referral is refused at any point, they will be left without recourse to appealing the decision.

As we understand it, young people under 16 can only be referred with parental consent. This will have a significant impact on young people with unsupportive and/or abuse parents/carers. We know that the number of young people impacted by this will not be insignificant. Furthermore, with current waiting lists, a 12 year old with unsupportive parents/carers would not expect to be seen until they are 16 anyway. We feel that it would be more appropriate in those situations for a referrer to make an assessment around Fraser competence and include that in the referral details.

9 To what extent do you agree that the Equality and Health Inequalities Impact Assessment reflects the potential impact on health inequalities which might arise as a result of the proposed changes?

Somewhat disagree

Please provide comments (200 word max):

We welcome the changes made to the Equality and Health Inequalities Impact Assessment following stakeholder consultation.

However, we continue to disagree with the suggestion that not all young people referred to the service would be impacted by the protected characteristic of 'gender reassignment'. An individual is protected from discrimination if they have expressed the intention to transition, are transitioning or have

transitioned - this includes social transition. People who are perceived to be trans are also protected from discrimination on the basis of gender reassignment.

We also suggest that if this were the specification for any service other than one relating to transition related care, the same decisions (an arbitrary lower age limit, several stages of referral, complete refusal to see under 16s without parental consent) would not have been made.

The assessment notes that Black people and People of Colour face additional barriers to accessing services, but does nothing to offer mitigation against this.

As we have previously stated, the use of 'natal males' to refer to people assigned male at birth and 'natal females' to refer to people assigned female at birth is inappropriate.