TRAVERSE

Online panel with primary and secondary care professionals

Engagement report

Cass Review

NOVEMBER 2021

The Cass Review

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Context

About the Cass Review

The Independent Review of Gender Identity Services for Children and Young People (the Cass Review) was commissioned by NHS England to make recommendations about how to develop and improve the services provided by the NHS to children and young people who are questioning their gender identity.

The scope of the review is broad and will look at different aspects of gender identity services from primary care through to specialist services with a focus on how care can be improved.

About the professional panel

In May this year, the Review Chair, Dr Hilary Cass wrote to NHS England setting out some of the immediate issues with current provision of services and suggesting how the Cass Review team might help with the challenging problem of establishing infrastructure outside of the specialist Gender Identity Development Service (GIDS). In short, the Review team is looking into how to build and sustain the capacity, capability and confidence of the wider workforce, and establish potential assessment frameworks for use in primary and/or secondary care.

The Review commissioned Traverse, an independent research and engagement consultancy, to create the online multi-professional panel to explore issues around gender identity services for children and young people.

In particular, the panel was convened to better understand how it looks and feels for clinicians and other professionals working with these young people, as well as any broader concerns about the work, and to start to explore ideas about how the care of these children and young people can be better managed in future.

What panel members told us, which is summarised in this report, will help to provide a baseline of current competency, capacity and confidence among the workforce outside the specialist GIDS service, creating a foundation of evidence upon which to develop potential solutions.

About this report

This report presents findings from a multi-professional panel seeking clinical perspectives. This is one part of the work that the Cass Review is undertaking to understand the experiences and views of those involved and/or engaging with health services for gender questioning children and young people.

This report represents the views and insights of the panel participants at a moment in time. Some of the questions posed were deliberately provocative to stimulate discussion of some of the key issues.

The report summarises a snap-shot across a 6-week period, and it's important that this report is read in the context of a developing narrative on the subject, where perspectives may change over time. This relates to both the experiences of professionals, but also the extent which this subject matter is discussed in the public sphere.

We recommend that further work is done with people who are engaging with gender identity services or have lived experience of questioning their own gender identity, including their families and carers.

Method

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Project design

Research objectives

This project was commissioned and designed to provide the Cass Review with initial insights into,

- the barrier, to providing care,
- prior conceptions and views of clinical staff,
- a framework for initial assessment of children and young people presenting with gender dysphoria,
- the training needs for professionals at local and regional level, and
- capacity in the wider system to inform preliminary workforce recommendations.

Research and engagement approach

The project team used a mixed-methods approach in order to meet these objectives. Quantitative data was collected through Recollective, an online research tool which allows participants to complete a series of interactive activities and surveys. It should be noted that the quantitative data was not tested for significance. Qualitative data was collected primarily during online group workshops. Participants were provided with the opportunity to share their views and experiences using three different channels,

1. a total of four Independent Activities on Recollective,
2. an optional diary activity on Recollective, and
3. two group workshops on Zoom.

An overview of the project life cycle and timeline is available on page 8.

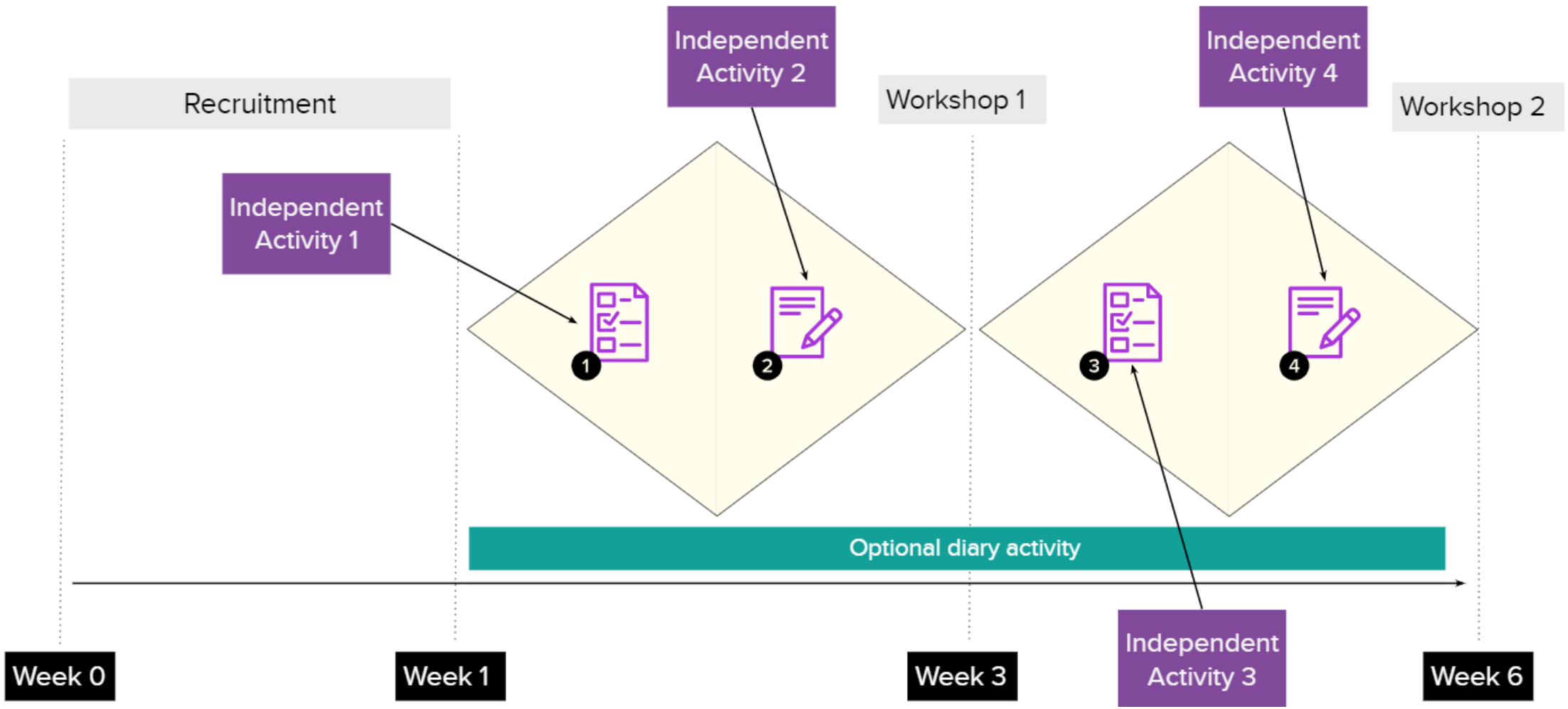
Each Independent Activity was comprised of two or more tasks, which participants were asked to complete on a weekly basis. This report is structured to reflect the activities delivered throughout the project. Therefore, the insights generated by the Independent Activities are reported chronologically, with data captured during the online workshops used to illustrate or provide context.

Participants were selected for the facilitated online workshops based on their profession in order to ensure a mix of views and experiences were captured.

Working iteratively

Traverse and Cass Review colleagues collaborated closely throughout the lifecycle of the project, codesigning all the Independent Activities and workshops. This collaborative approach helped ensure that the objectives were met whilst building on the data being generated by the previous activities.

Project design



Recruitment

The project was designed to capture a broad mix of professional views and experiences. To achieve this, we recruited from five different professional groups that are most likely to have a role in the care pathway. Table1 below provides a breakdown of our recruitment target.

Professional group	Recruitment target
General practitioners	25 - 30
CAMHS professionals	25 - 30
Community paediatricians	20
Psychotherapists	20
Nurses, social workers and education partners	10

Table 1: Recruitment target per professional group

Participants were recruited by the Cass Review via healthcare professional networks and Royal Colleges.

All prospective participants received an email asking them to complete an expression of interest form. The form consisted of a short survey comprised of questions designed to ensure that the panel,

1. represented a variety of experiences and stated levels of confidence, competence and capacity,
2. was demographically diverse, and
3. was balanced in terms of the professional groups represented.

See Appendix A for a full list of screening questions.

Participant profiles

A total of 102 professionals joined the online panel of which 70 (67%) completed all four activities. A breakdown of completion rates for the activities is available in Figure 1. These engagement rates are high considering,

- the duration of the project,
- the time commitment required from professionals to complete the activities on a weekly basis, and
- the absence of financial incentives for completing the activities.

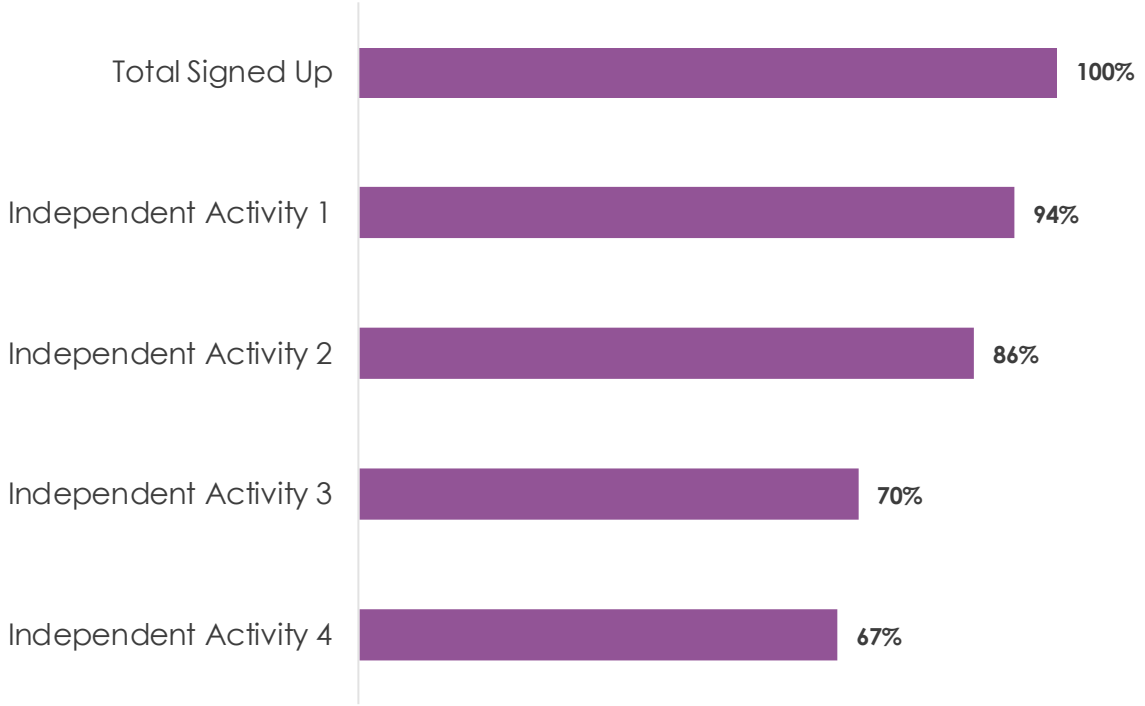
A total of 38 participants took part in the online workshops.

Participant demographics and professional groups

The recruitment target was broadly met, which should help ensure that the learning coming out of this project reflects the whole service pathway. Additionally, the mix of participant ages and gender were broadly representative of the overall sector workforce (see Figures 2,3 and 4).

There is no precedent in terms of where professionals would place themselves on an ideological spectrum when it comes to their approach to the management of gender questioning children and young people. Figure 5 indicates that whilst a higher proportion of participants would consider themselves 'cautious', the research team was able to recruit professionals with a broad mix of views.

Figure 1: Platform retention (n=102)



Participant profiles

Figure 2: Age (n=102)

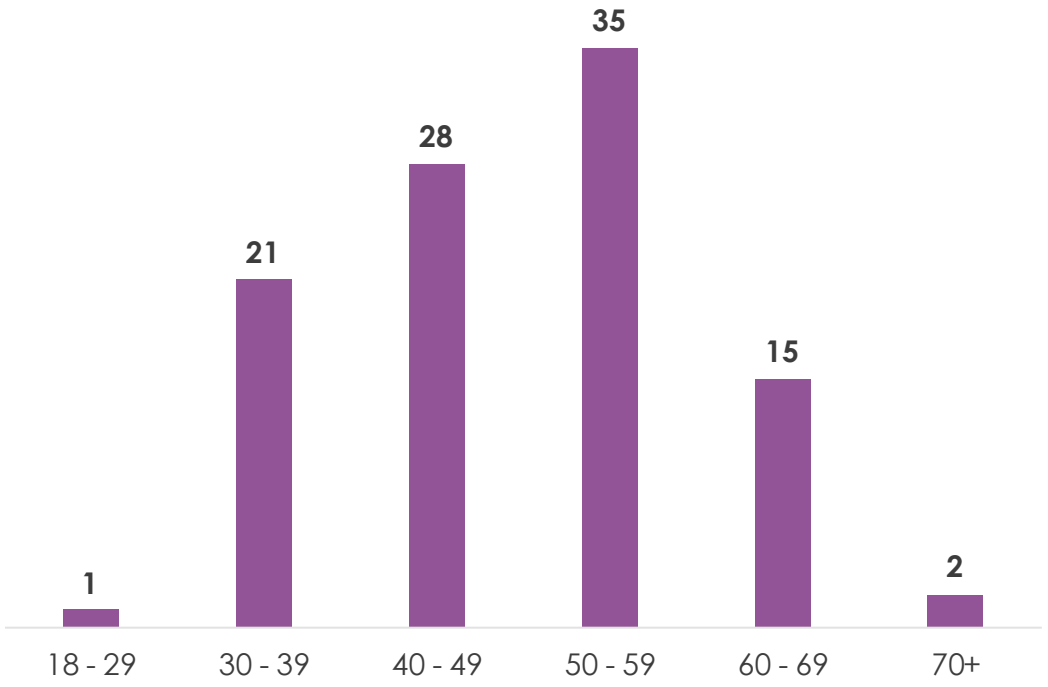
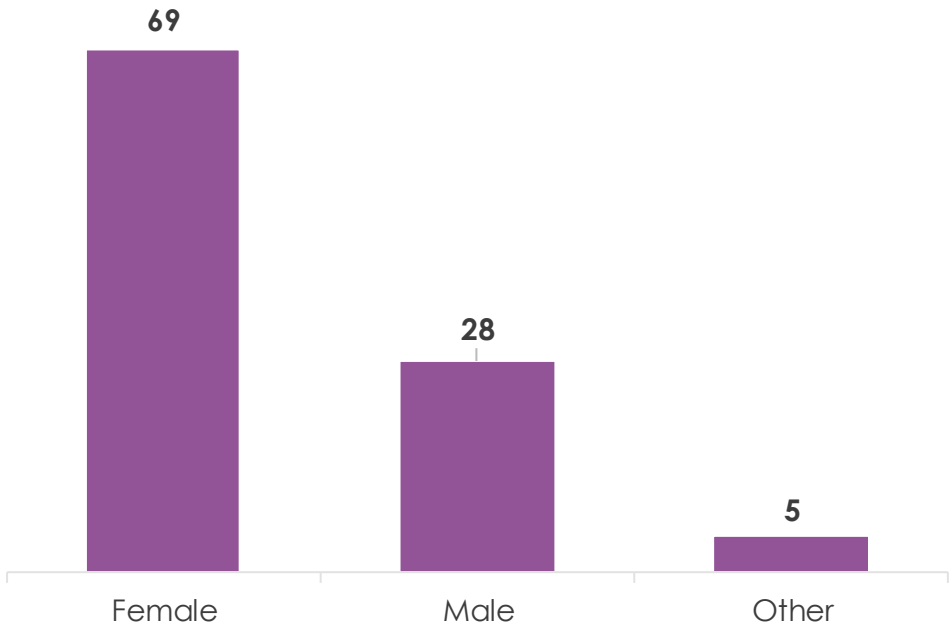


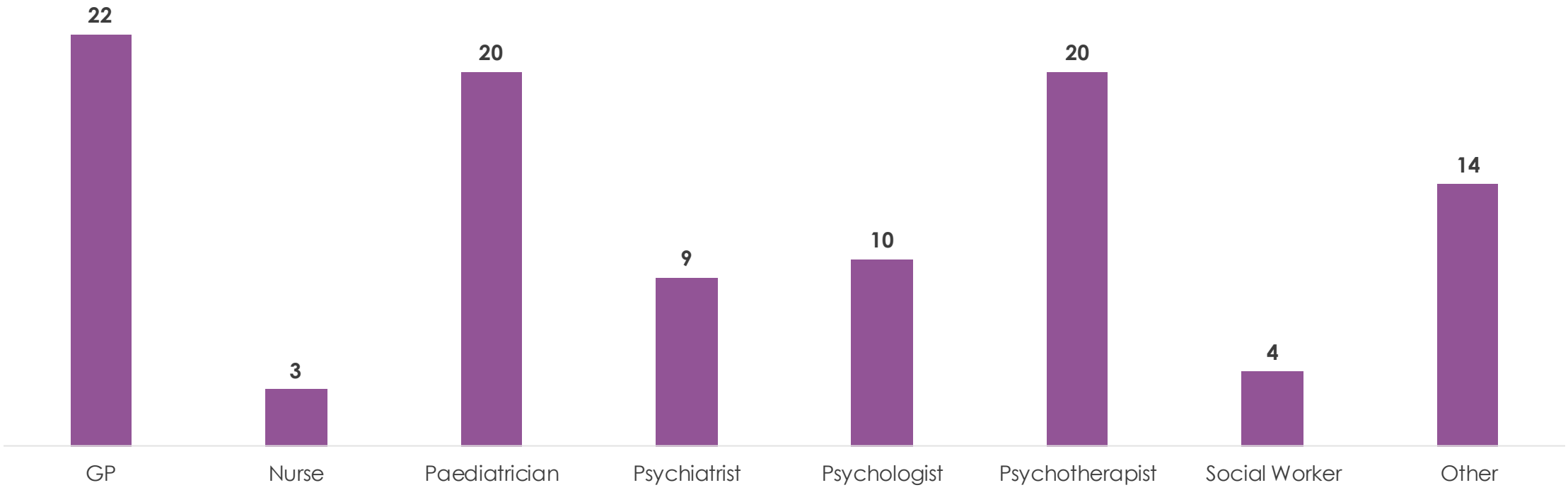
Figure 3: Gender (n=102)



* Other = Trans female, trans male, no gender, non-binary

Participant profiles

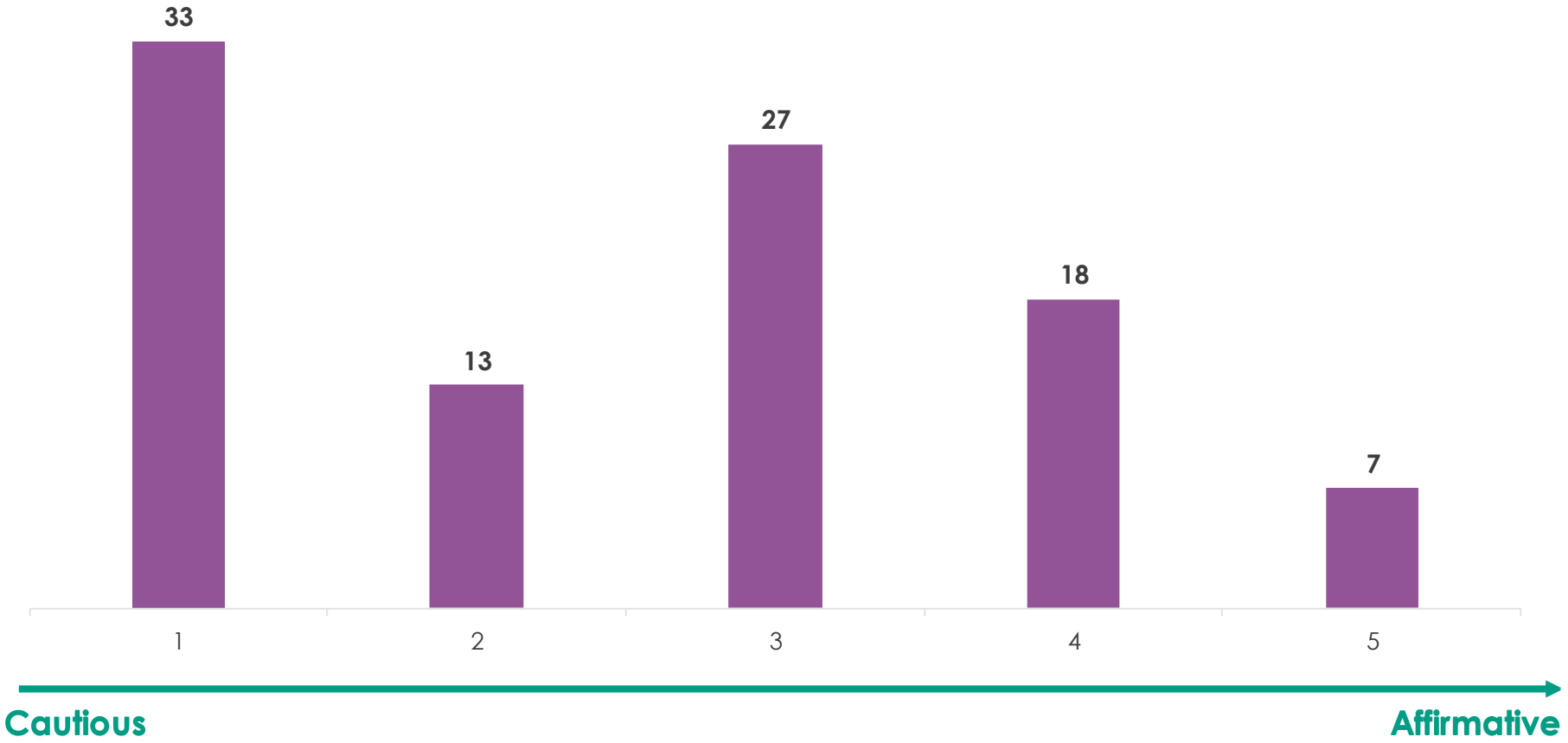
Figure 4: Profession (n=102)



* Other = Charity Service Manager, Clinical Neuropsychologist, Cognitive Neuroscientist, Consultant in Genitourinary Medicine, Consultant in HIV / Sexual Health, GP and Gender Specialist in training, GP and Psychiatrist, Independent Reviewing Officer - Child Protection and Looked After Children, NHS Consultant in Reproductive Medicine, Obstetrician/ sexual offenses examiner (retired), Occupational therapist, Urologist

Participant profiles

Figure 5: Where would you place your clinical/professional approach to management of these children and young people on the following spectrum? (n=98)



Findings

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Independent Activity 1

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Task one: Perceptions on the cohort

The first activity for participants after joining the panel, Independent Activity 1, was designed to capture a mix of insights rather than meeting one specific research objective.

Professional observations on the current service pathway

The first task in Independent Activity 1 was designed to gain an understanding of the levels of experience of panel members, and any changes they may have experienced when supporting gender questioning Children and Young People (CYP).

Participants were asked to quantify any changes in the number of gender questioning CYP they had observed in the past year. As shown in Figures 6 and 7, whilst the total number of gender questioning (GQ) CYP seen by professionals is not that high, the vast majority of respondents said they had noticed an increase in the number of CYP coming to them for support. This observation aligns with data from GIDS, which suggests that this increase is being experienced at national level.

Figure 6: Roughly how many gender questioning children and young people have you seen in your professional practice in the past year? (n=89)

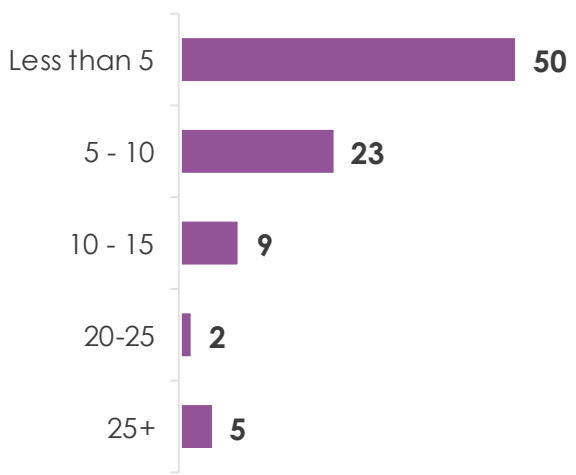
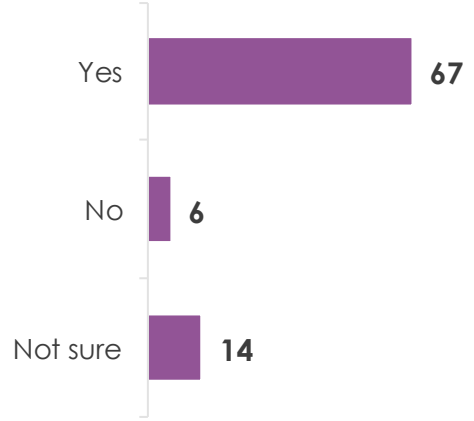


Figure 7: Have you noticed an increase in gender questioning children and young people coming to you for support/help? (n=87)



Task one: Perceptions on the cohort (continued)

Participants were also asked to share any concerns they have about the current state of services available to GQ CYP.

Views expressed in response to this question can be broadly described in the following ways.

- When presenting with gender dysphoria (GD) children and young people can experience diagnostic overshadowing where other co-occurring issues can go unaddressed if all professional support is focused exclusively on their gender identity.

"In my experience once children express any question about their gender it becomes the central issue and any other mental health issues or psychosocial factors are virtually ignored."

- Paediatrician

- Policies and approaches in educational institutions, medical services, and society more broadly are perceived to be based on ideologies and not evidence.
- It was suggested that GQ CYP or their families/parents/carers are self-assessing using unregulated information online, often in the form of anecdotal personal stories.
- Lack of system-wide capacity and an appropriate service pathway means that long waiting times for specialist treatment and support can be harmful or distressing to CYP and their families/carers/guardians.
- There is a lack of specialist training and general awareness amongst professionals.

"Many health professionals have no idea how to support young people questioning their gender and can further exacerbate an already very difficult situation."

- Consultant in Genitourinary Medicine

- Fear of reprisals for professionals who take a more exploratory approach to supporting CYP.

"It appears that the training and guidance made available to GPs is being shaped less by the varying needs of individual patients, and the current state of medical evidence, and more by a concern to avoid appearing 'transphobic' or the risk that for a GP to probe and question might be deemed a 'microaggression'."

- General Practitioner

- Lack of longer-term evidence on the effects of medical interventions such as puberty blockers and hormone treatment.
- In an attempt to overcome long waiting times, CYP and families/parents/carers are turning to private clinics which may not be subject to the same scrutiny as NHS services.

These insights informed the design of the rest of the panel and are explored in more detail throughout this report.

Task two: Knowledge and experiences

The second task in Independent Activity 1 was designed to get a sense of the participants' experiences of working with GQ CYP. For context, 85% of respondents said that their understanding of GQ CYP comes at least partially from direct professional experience (see Figure 8).

Actions taken by professionals

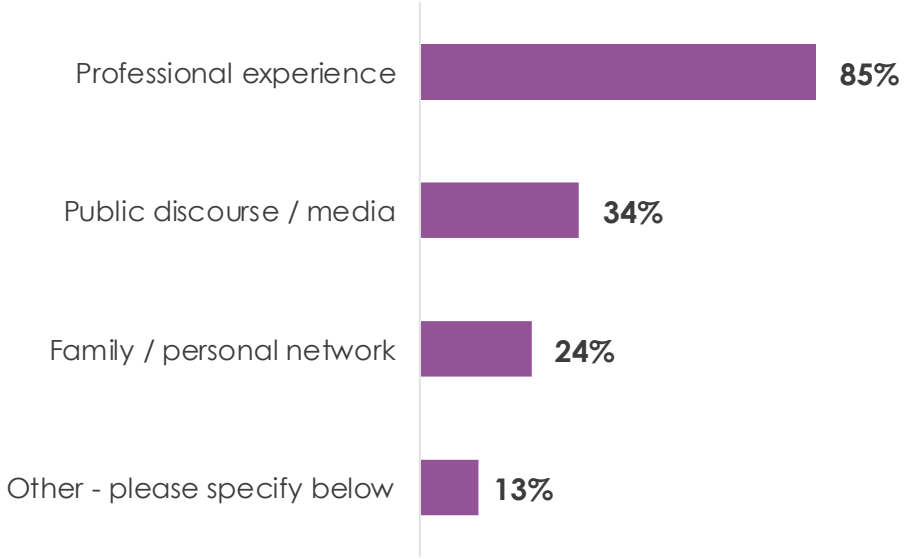
When asked what action they would take if a GQ CYP sought their professional support, the vast majority of participants said that they would make an initial assessment themselves to confirm a gender dysphoria diagnosis and then refer on. Some participants included details of their assessment approach such as having an exploratory conversation to identify any underlying or co-present mental health issues. A few participants also mentioned incorporating the CYP's families/carers/guardians, social and educational networks in the assessment process.

"I would feel confident to explore the issues and try to confirm a provisional diagnosis of gender dysphoria and also identify any other possible mental health conditions which may co-exist. If appropriate I would then refer on to specialist services."

- General Practitioner

In the cases where professionals feel they do not have the skills or experience to make the assessment themselves, they would seek support from a trusted colleague.

Figure 8: Where does your understanding and experience of gender questioning children and young people predominantly come from? (n=96)*



*please note this was a multiple choice question

Task two: Knowledge and experiences (continued)

One common approach observed across professional groups is ensuring that the CYP's preferred pronouns are used, and also trying to provide longer sessions to account for the complexity of the assessment process.

"Address them by their preferred name and pronouns but as far as possible take a neutral position with respect to their thinking. Spend a long time (double appointments at the end of a clinic so there is no time pressure and over several weeks) getting to know their history/background/life experience."

- General Practitioner

When asked where professionals would refer the CYP to, the most common response was to the specialist Gender Identity Development Service.

In cases where there are mental health issues present, many participants who don't specialise in the treatment of mental illness said they would also refer the CYP to local Children and Adolescent Mental Health Services (CAMHS).

In instances when after assessment the CYP is not considering anything other than social transition and is not distressed by their gender identity, some professionals would signpost to Third Sector organisations or community groups. Examples cited include local LGBTQ+ youth clubs or national charities.

Participants who expressed concerns about the lack of non-affirmative or 'neutral' treatment tend to refer the CYP to private providers.

"Unfortunately the only services I know that provide holistic care are provided by private practitioners (clinical psychologists/psychiatrists)"

- Psychiatrist

Task two: Professional roles

Role of professionals in the care pathway

When participants were asked what they think is an appropriate expectation in terms of their role in the care pathway of GQ CYP some variations emerged based on which professional group they belonged to. Below is a summary of the responses broken down by professional group.

General Practitioners

General Practitioners (GP) are often the first point of interaction that GQ CYP and their families/carers/guardians have with the healthcare system. GPs said that their main role is to conduct an initial assessment and refer a GQ CYP to a specialist. As such, GPs play an important role in the pathway as their attitude taken in supporting the GQ CYP can be formative.

"GPs are generally fairly well skilled in starting a conversation with young people even if the area to be explored is not within their experience."

- General Practitioner

While there was general consensus of what the role of GPs is, the data suggests that GPs may take different approaches to this role. Broadly speaking, some GPs felt it is their role to interpret the CYP's gender questioning feelings as fully formed and requiring specialist intervention.

Therefore, the best course of action is to refer on to specialist services as rapidly as possible in order to start the process of transitioning to their preferred gender. GPs who fall within this category described respecting the CYP's reasons for presenting in the first place, and taking special care to use correct pronouns and even reflect those preferences in GP records.

"Affirmative support and care with speedy referral to specialist services "

- General Practitioner

Another approach described is to support the CYP and their families/carers/guardians whilst they explore their gender identity. The GP may make the CYP aware of the various pathway options and support them regardless of their decision. Some participants said they might also help the CYP understand some of the potential short- and long-term impacts of their decision.

"To listen. Find out what services are available. Provide ongoing support whilst the person explores their pathway."

- General Practitioner

Task two: Professional roles (continued 1)

Some others were less likely to encourage the CYP to immediately seek affirming treatment because they felt concerned about what they saw as a broader social phenomenon. Therefore, they felt that not challenging the views of the CYP may be doing more harm than good because the CYP may undergo physical interventions which they could go on to regret later in life.

"I think it is important for a GP to gently challenge a child who presents like this. I am concerned that the huge increase in children with gender dysphoria is not being adequately investigated, nor is there an acknowledgement of the causes/cultural backdrop to the huge rise in presentation."

- General Practitioner

Paediatricians

In general the Paediatricians saw their role within the pathway as providing holistic support that in the first instance assures the safety of the CYP, and then signposting or referring on to specialist services that take into account the mix of factors that may be influencing the way a GQ CYP feels. Based on the data, paediatricians are likely to take quite an exploratory approach, describing their role as supportive and advocating for their patient regardless of their pathway choice.

"Active listening, provision of support and signposting to specialist organisations such as Stonewall, Mermaids, Young Minds. Holistic assessment to consider medical, neurodevelopmental and social factors and understand child/young person's priorities. Referral on for local support from psychology or CAMHS or referral on to specialist GIDS as appropriate."

- Paediatrician

Psychotherapists, psychologists and psychiatrists

Whilst the research team acknowledges that these three professions are very different, the expectations of their roles when supporting GQ CYP have been summarised together for reporting purposes.

As expected, the majority of professionals within these professions feel it is within their role to assess and treat mental health conditions present in the CYP.

"As a child psychotherapist my role is always to assess and if appropriate treat the most complex of presentations taking account of unconscious defences/processes as well as what is communicated verbally"

- Psychotherapist

Task two: Professional roles (continued 2)

In the current context of specialist services, the GQ CYP may be referred to specialist services after the professionals have completed a comprehensive assessment to uncover factors which could contribute to their gender dysphoria. However, it should be noted that many participants belonging to these professional groups feel they have a more active role in either equipping the CYP with the tools and resilience to deal with the GD, or to provide relief from any mental distress that may have resulted from living with GD.

"To provide a supportive, curious, collaborative therapeutic space in which the child / young person / family can develop their capacity to manage distress related to GD as safely as possible and with both current and future wellbeing in mind."

- Psychotherapist

Another factor that this group of professionals places importance on is taking into consideration the potential impact of the CYP's experiences at school, family dynamics and general wellbeing.

"To provide an opportunity to listen, explore and support the young person. To help the family understand more about their child's issues and mental health. To mediate with school and contact other agencies if necessary"

- Psychologist

In general, there are a lot of similarities in the overall role that psychotherapists, psychologists and psychiatrists see themselves playing when supporting a GQ CYP. The data does, however, suggest that some differences in approach may occur depending on if the professional works for a private practice or is self-employed, compared to if they work for the NHS.

The first difference is a practical one, in that professionals who work in a private practice mention having more capacity to support CYP on an one-to-one basis.

The second difference is that a few participants working in private practice seem to feel more comfortable challenging a GQ CYP, pushing back on potential predetermined and rigid ideas.

"I find that they [CYP] are very open to hearing about alternative ways of understanding their reactions and they are also generally quite open to hearing new information about things that they had believed were facts e.g. a lot of young people have heard that puberty blockers are safe and reversible but are generally open to hearing reasons why this may not be a factual statement."

- Psychologist

Task two: Professional roles

Social workers, nurses and other

Please note that 'other' includes,

- Obstetrician/ sexual offenses examiner (retired),
- Consultant in HIV / Sexual Health,
- Independent Reviewing Officer - Child Protection & Looked After Children,
- Charity service manager,
- NHS Consultant in Reproductive Medicine, and
- Urologist.

As with other professional groups, participants felt it is their role to guarantee the physical and mental safety of the CYP, assess their mental state, and factor in the family circumstances, economic circumstances, and living situation the CYP find themselves in. The approach these professionals would take is one of compassion and responsiveness. Once the assessment is complete, they would refer on to gender specialist or mental health services, or signpost to available support groups to allow the GQ CYP to explore their own gender identity and seek treatment if appropriate.

Task two: Confidence

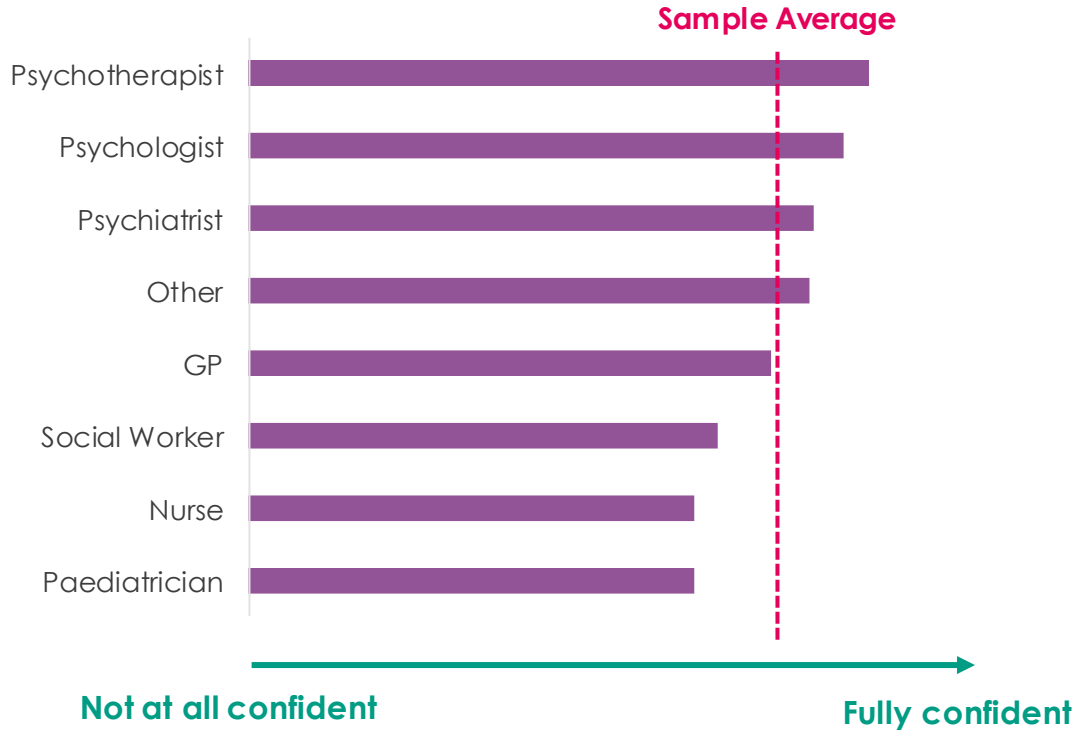
Confidence amongst professionals

Confidence amongst professionals was relatively high when it comes to knowing what options are available for supporting GQ CYP, with the majority of participants feeling 'somewhat confident'.

As indicated in Figure 9 psychotherapists within our sample felt the most confident, followed by psychologists and psychiatrists. As discussed previously, the majority of participants belonging to these professional groups felt it is within the expectations of their role to assess and treat mental health conditions present in the CYP – regardless of the presence of gender non-conformity or GD. In most cases, these participants said they are experienced in dealing with specialist and complex cases.

In contrast GPs and paediatricians fell below the sample average in terms of confidence, potentially because of their more generalist knowledge and because their self-described role in the pathway tends to be to support and refer GQ CYP onto the relevant services. This lack of confidence is important because they are often an early point of contact for a GQ CYP within the care pathway. This presents an opportunity to target more training to GPs and paediatricians to increase their awareness of what options are available to them and where they can seek additional information when it comes to supporting a GQ CYP.

Figure 9: Are you confident that you know what options are available to you and where to find out that information?* (n=96)



Task two: Challenges

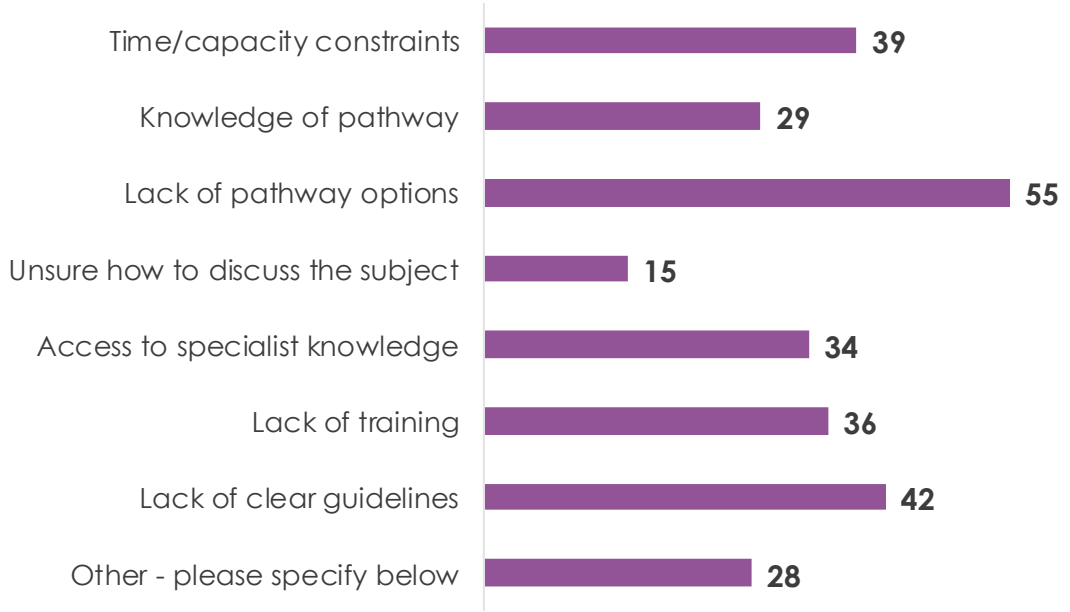
Challenges faced by professionals

Whilst self-reported confidence may be relatively high, Figure 10 indicates that professionals face a variety of challenges when seeing a GQ CYP. The biggest challenges are a lack of pathway options and clear guidelines. These insights are explored in more detail in Independent Activity 2.

Other challenges cited by participants in response to "other – please specify" are listed below.

- A sense that exposure to misinformation on social media could be leading CYP to form predetermined and rigid views on the appropriate care pathway. Examples provided by participants include CYP presenting with rehearsed scripts requesting a particular treatment.
- A perceived lack of freedom for professionals to take an exploratory approach or challenging approach due to perceived pressures from what some participants described as organisations taking an 'ideological stance'. This can lead to a fear of being labelled transphobic if the professional suggests that it may be worthwhile trying to understand the possible meaning or origin of gender non-conformity in the CYP. Some participants said they were concerned about being sanctioned by regulatory bodies if they were reported by a client who was seeking affirmation.
- Not feeling supported by colleges and professional bodies.
- Lack of an evidence base on the best way to support a GQ CYP.

Figure 10: What do you think the biggest challenges may be when seeing a gender questioning young person? (*n=96) multiple choice question



Independent Activity 2

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Task one: Sources of information

The questions asked in Independent Activity 2 were directly informed by the responses collected from participants in Task two Independent Activity 1.

Independent Activity 2 was comprised of three tasks and designed to generate insights into existing gaps professionals feel they require more information on to support GQ CYP, and where they currently go to find that information.

The data suggests that participants on average turn to academic literature and their own professional institutions, or have a discussion with a colleague when seeking information about management for GQ CYP (see Figure 11).

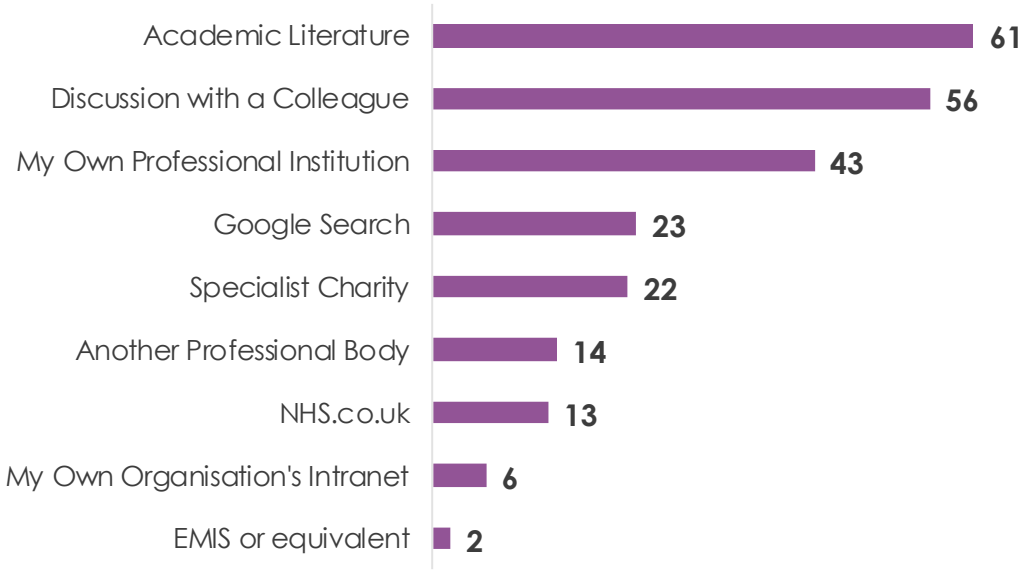
During the facilitated discussions in the first online workshop, it became clear that whilst professionals in our sample are turning to these places for information, it does not mean that they are receiving the information they require in order to provide adequate care to the GQ CYP.

For example, several participants described how they had experienced being approached by colleagues seeking information on supporting GQ CYP simply because they had expressed a professional or personal interest in the subject matter. In some cases, they were the only professional available who had received some form of gender identity training.

"I'm a paediatrician and [...] because I've taken an interest, people come running to me because they don't know what to do."

- Paediatrician

Figure 11: Where are you most likely to look for information about management of gender questioning young people? (n=96) multiple choice question



Task one: Sources of information (continued)

Workshop participants explained that they sought out information from their professional bodies (despite guidelines not being in place), as well as from academic journals (despite the lack of a robust evidence base), because that is what professionals are trained to do. Turning to these three sources for information and guidance appears to be the default behaviour for professionals in our sample who are unclear on best practice to support their patients.

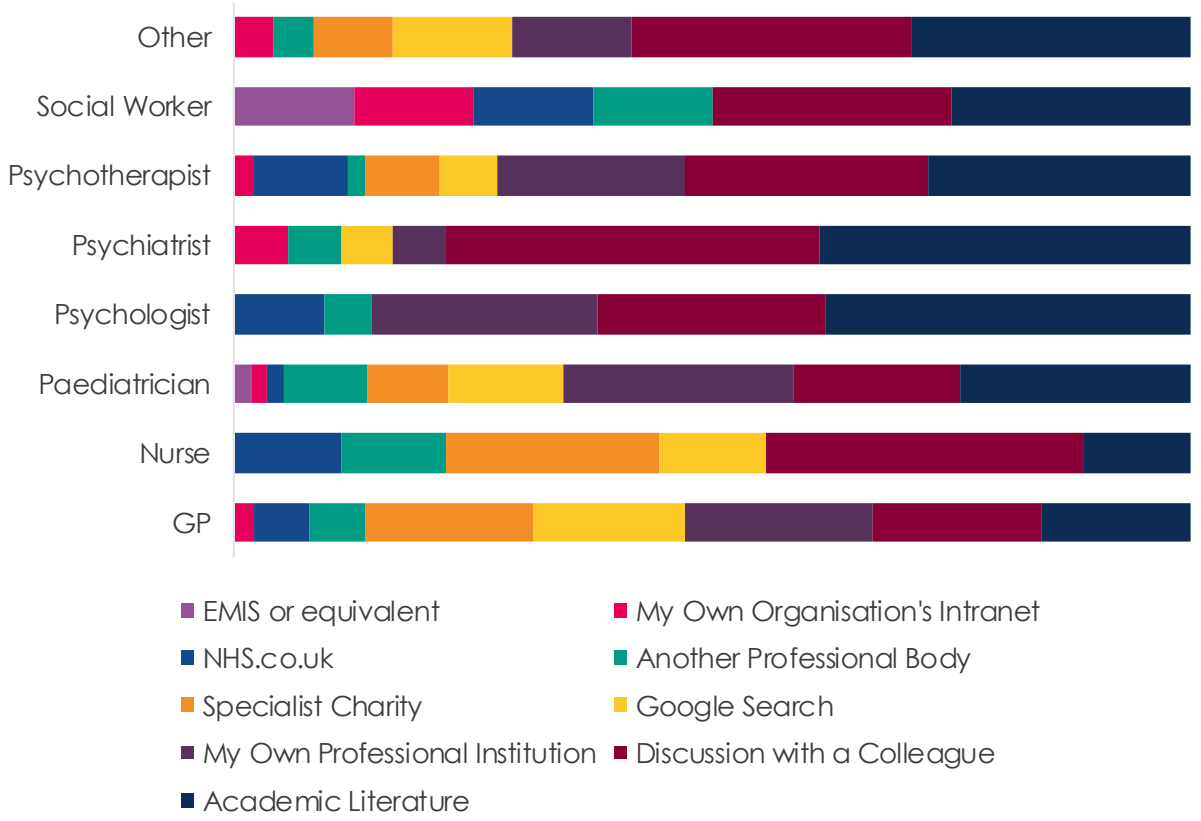
"That's the way we have been taught to work as medical professionals and paediatricians. There are a lot of things you don't know, so every time you encounter something you are not familiar with, this is what we've been taught to approach: literature, a friend and then your organisation or body"

- Paediatrician.

Some professionals also hoped that these three sources of information would offer the most 'balanced' guidance as currently many participants said they felt unable to push back against the preformed ideas about appropriate treatment that some GQ CYP and their families/carers/guardians present with.

Figure 12 shows that social workers, nurses and psychiatrists are the least likely to turn to their own professional institutions for information. Due to their generalist role, GPs indicated that they seek information from a broad variety of sources in relatively equal proportions.

Figure 12: Where are you most likely to look for information about management of gender questioning young people? (n=90) multiple choice question



Task two: Additional information required

Figure 13 indicates that participants feel confident in areas that relate to working with a GQ CYP on a day-to-day basis but require more information on the infrastructure within their professions that would allow them to inform or shape their practice more broadly.

"I haven't had any training but I feel well equipped for young people questioning their gender identity. As a psychotherapist I know about growth and learning so identity is central to all of my training which gives me a strong grounding if someone came questioning their identity."

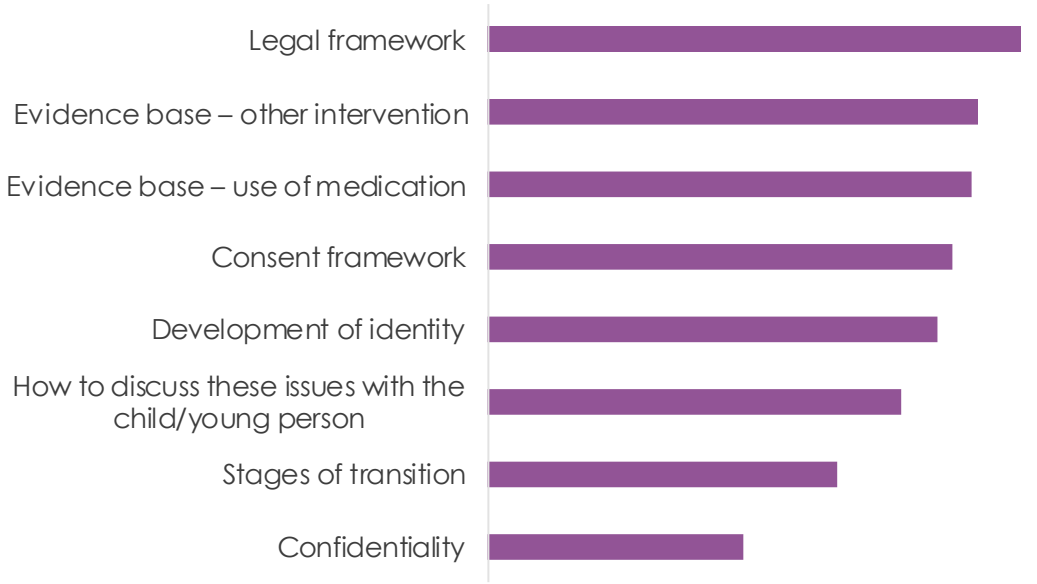
- Psychotherapist

The general lack of an evidence base means that professionals feel unsupported to provide care that maintains a neutral approach in the face of what some participants described as an otherwise ideologically driven pathway. The presence of a legal framework that provides clear guidelines could make professionals feel more confident in providing care in the way they feel would best serve their patient at the time.

"We need to accumulate evidence, once we get that, we will be more qualified to challenge the diagnosis - not only challenge it but also make it sooner, better and more accurately."

- Paediatrician

Figure 13: Which of these areas do you feel you would need more information to guide your thinking on appropriate care/management? (n=90) multiple choice question



Task three: Additional support required

One of the biggest challenges cited by workshop participants is the lack of evidence-based guidance to help inform best practice. Participants feel they have the professional capability and capacity to work with GQ CYP, but lack the infrastructure and support they require to make decisions confidently.

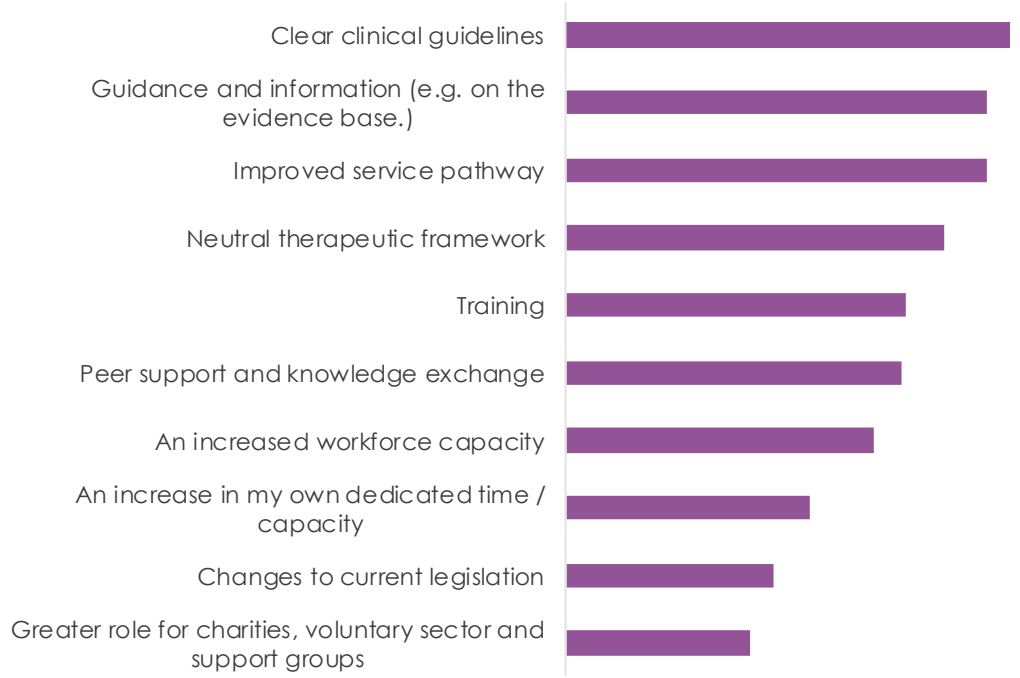
"Clinicians are left feeling very vulnerable, and not knowing what they should or shouldn't do, and if they're going to get sued later down the line for sending children down a medical pathway, or for not sending them down a medical pathway. People are afraid."

- Paediatrician

Figure 14 indicates that clear clinical guidelines and guidance and information are what is needed most by professionals in our sample. A support structure which is rooted in evidence could give professionals the tools they need to apply their medical training and expertise effectively.

During the first facilitated workshop, it became clear that professionals in our sample are also seeking more options in the care pathway to refer CYP onto in addition to GIDS.

Figure 14: What would make your role supporting gender questioning children and young people easier? (n=90) multiple choice question



Independent Activity 3

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Task one: Initial assessment experiences

This task was designed to gain insights into the experiences of professionals and to determine to what extent CYP presenting with GD are already informed about their potential care options.

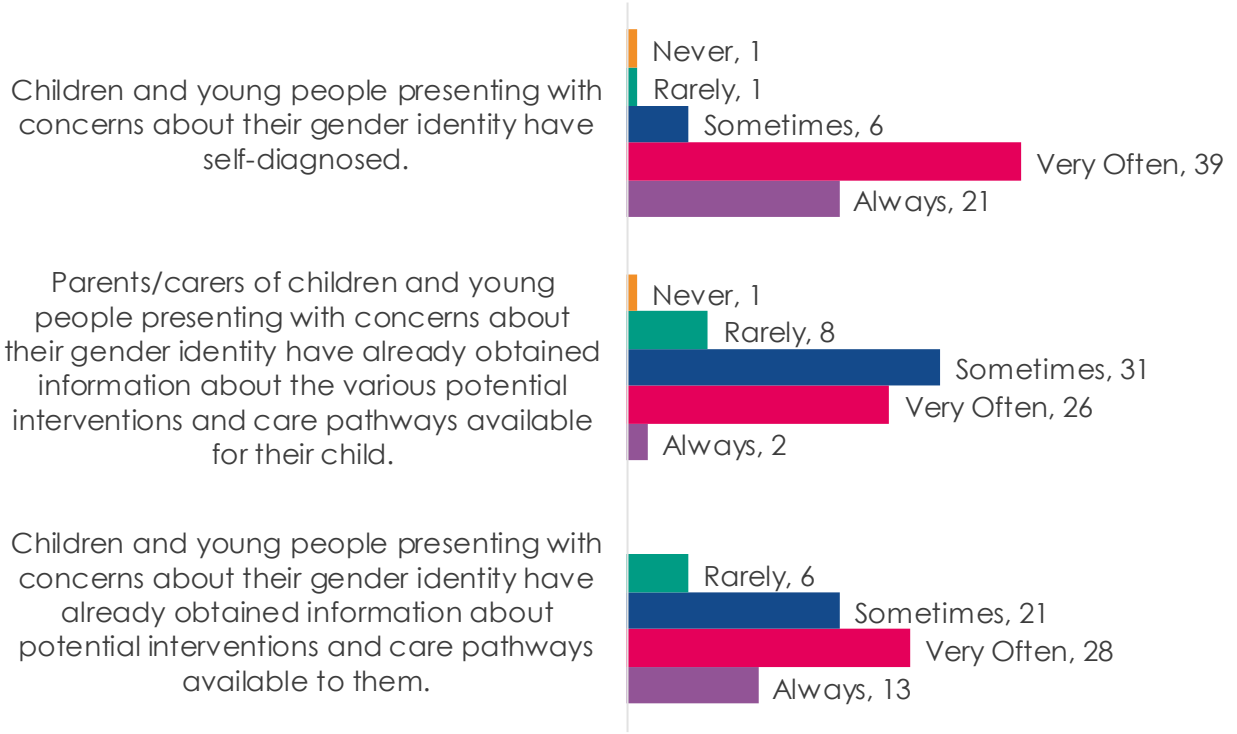
In Independent Activity 1, it emerged that participants experienced GQ CYP presenting with preformed notions about their own diagnoses, and what the appropriate care pathway should look like.

Figure 15 suggests that the majority of participants have experienced this trend where not only have CYP themselves self-diagnosed and obtained information about potential interventions but also their families/carers/guardians in some cases. Professionals report that this phenomenon, whilst not entirely exclusive to gender non-conformity, can make it harder to take an exploratory approach to supporting GQ CYP.

During the second facilitated workshop it also became clear from some professionals that a fixed mindset from the CYP poses a challenge to identifying and addressing any mental health issues that may co-present.

> "The expectation is you should be putting them [GQ CYP] on a medical pathway, and this is where the clinician feels uncomfortable."

Figure 15: In your professional experience... (n=75)



Task two: The ideal service pathway

In Task two participants were asked to describe the principles or elements of the 'ideal' service pathway for GQ CYP. These are summarised under 10 principles.

1. General biopsychosocial **exploratory assessment** by senior clinicians, ensuring the CYP feels heard and understood.
2. **Liaison** with school/social care/others as appropriate.
3. Identify **child and family stressors** to be worked on and signpost/refer.
4. Provide timely validated **assessments** of co-occurring conditions where indicated.
5. **MDT discussions** and co-developed formulation of diagnosis and treatment.
6. **Feedback sessions** and high quality psychoeducation.
7. Provision of **treatment for/management of co-existing conditions**.
8. The CYP and their families/carers/guardians are given additional **support from a third sector organisation** while they are on the pathway.
9. After puberty, provide advice and support to the CYP as they go through **social transition**. If the GD is unresolved, refer the CYP to a specialist for **surgical and/or hormonal intervention**.
10. Provide **ongoing support** if needed; either evidence based psychological interventions or other social support.

During the second facilitated workshop, it became clear that a key element of the pathway, which has not been addressed in the wider conversation amongst professionals, is the role of the education system. Some participants said that often CYP begin to express questions about gender identity in schools, and that their views and beliefs about their gender identity can be either negatively affected or reinforced by their peers or adults in the institutions themselves. This demonstrates the need for appropriate training to professionals working in schools and better joint working to ensure holistic support for the CYP.

"The bit that's missing is the fact that a lot of CYP have effectively already had a diagnosis made before they reach [the] medical profession – they've made it themselves, or it's been made by school or another education professional. The assessment pathway has started before they reach CAMHS"

Another principle of the ideal pathway is increased transparency about the type of treatment or care being provided by various services across the care pathway. Some participants felt that the lack of information available on referral criteria, waiting times and types of interventions provided is a barrier to providing consistent high quality care. It also inhibits peer learning and knowledge exchange.

Independent
Activity 4

TRAVERSE

Task one: Shaping an assessment framework

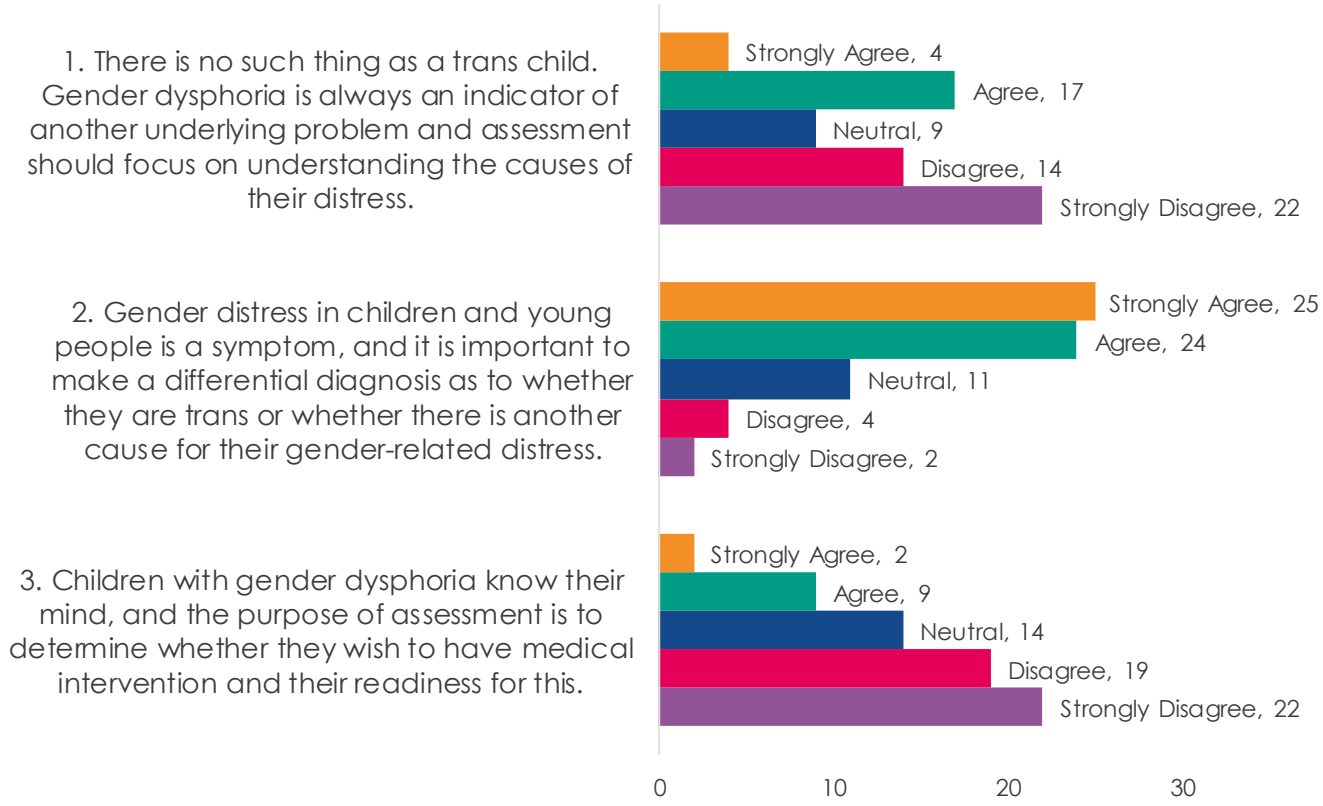
Independent Activity 4 was designed for participants to help shape what an initial assessment framework could look like.

In Task one, participants were asked to what extent they agreed with three statements relating to the purpose of assessment of GQ CYP. It should be noted that the Review team is aware that these statements are polarising and are intentionally worded as such in order to illicit a clear response from participants. During the second group workshop many participants said that whilst they completed the activity, they felt that the statements did not allow for enough nuance and valued the opportunity to explore it further through discussion.

As Figure16 indicates, professionals in our sample held a broad mix of views about the purpose of assessment. However, we see most consensus when it comes to the second statement: gender distress in CYP is a symptom, and it is important to make a differential diagnosis as to whether they are trans or whether there is another cause for their gender-related distress.

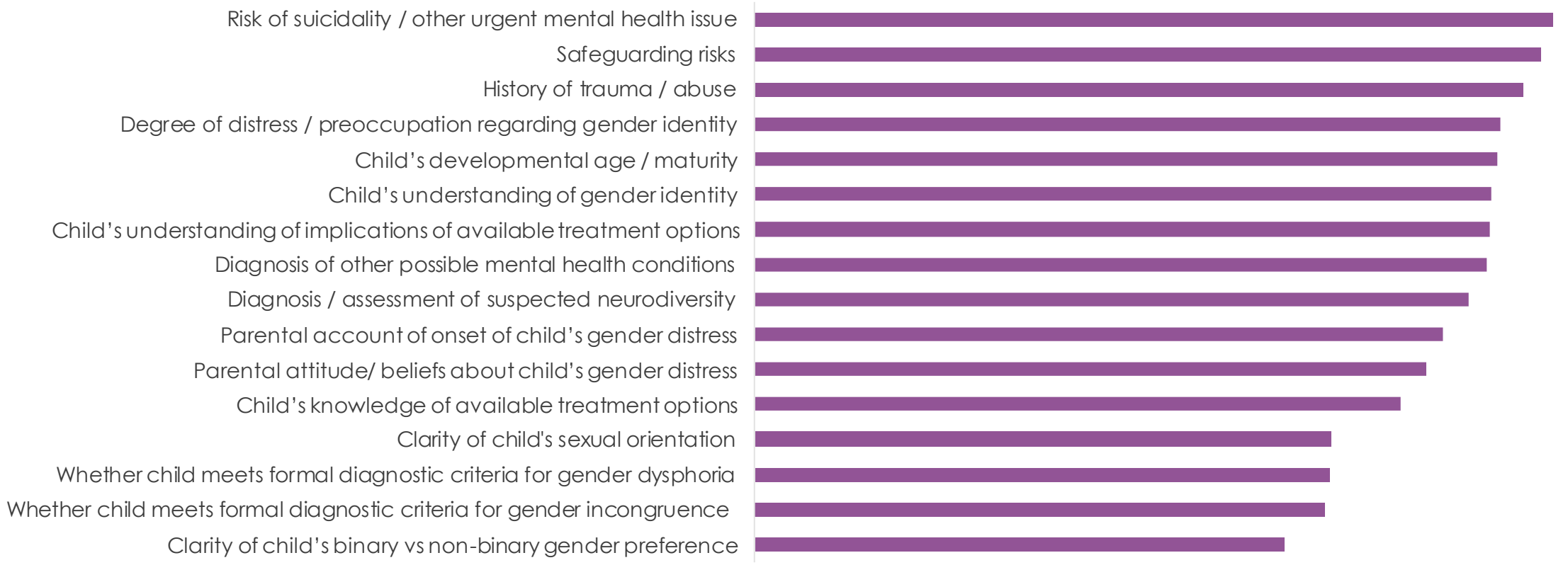
When prompted on this during the second group workshop, it became clear that for many participants this statement relates to professionals wanting to shift the conversation away from an ideological position and highlights the importance of taking an exploratory approach. During this discussion, participants clarified that from their perspective, this was not about denying the feelings of the CYP, but rather about providing relief from issues that often exist alongside gender non-conformity. For them, the purpose of an assessment framework is to explore what course of action may help resolve or reduce distress in the longer term.

Figure 16: Thinking about the purpose of the assessment of children and young people with gender-related distress/gender dysphoria, please state how strongly you agree with the following statements (n=66)



Task one: Shaping an assessment framework (continued 1)

Figure 17:Thinking about the WHOLE assessment pathway for children and young people with gender dysphoria, not just your part in it, rate the importance of assessing these issues: (n=70)



Task one: Shaping an assessment framework (continued 2)

Participants were asked to rank which issues they felt were the most important to include in an assessment framework across the whole service pathway. Figure 17 indicates that risk of suicidality/other urgent mental health issue, safeguarding issues and a history of trauma/abuse are the most important.

As well as ranking the importance of various areas of assessment, participants were also asked to include any areas of assessment they felt were missing from the original list. These are summarised under six key areas,

1. influence from external sources such as peer groups, social media, or online media such as YouTube,
2. availability of local support accessible to the CYP and their families/carers/guardians,
3. education and whether their schooling experience has shaped their views on gender identity,
4. home situation, parental/guardian/carer situation, and understanding of family dynamics,
5. influence of over-sexualised understanding of what adulthood means due to access to pornographic content or explicit materials, and
6. influence of religious beliefs, ethnicity, and cultural background.

"I feel professionals may need to explore the beliefs and attitudes of peer groups. I have a concern some young people may feel pressured to belief they are gender discongruent by a powerful peer group."

- General Practitioner

"Some assessment of what the child might be conveying unconsciously as well as at a verbal conscious level. Relational aspects to both external figures such as parents as well as how they relate to the clinician."

- Psychotherapist

"Family functioning - e.g. how is distress managed, how are differences of opinion/conflict managed, how have parents responded to gender questioning of the child/young person"

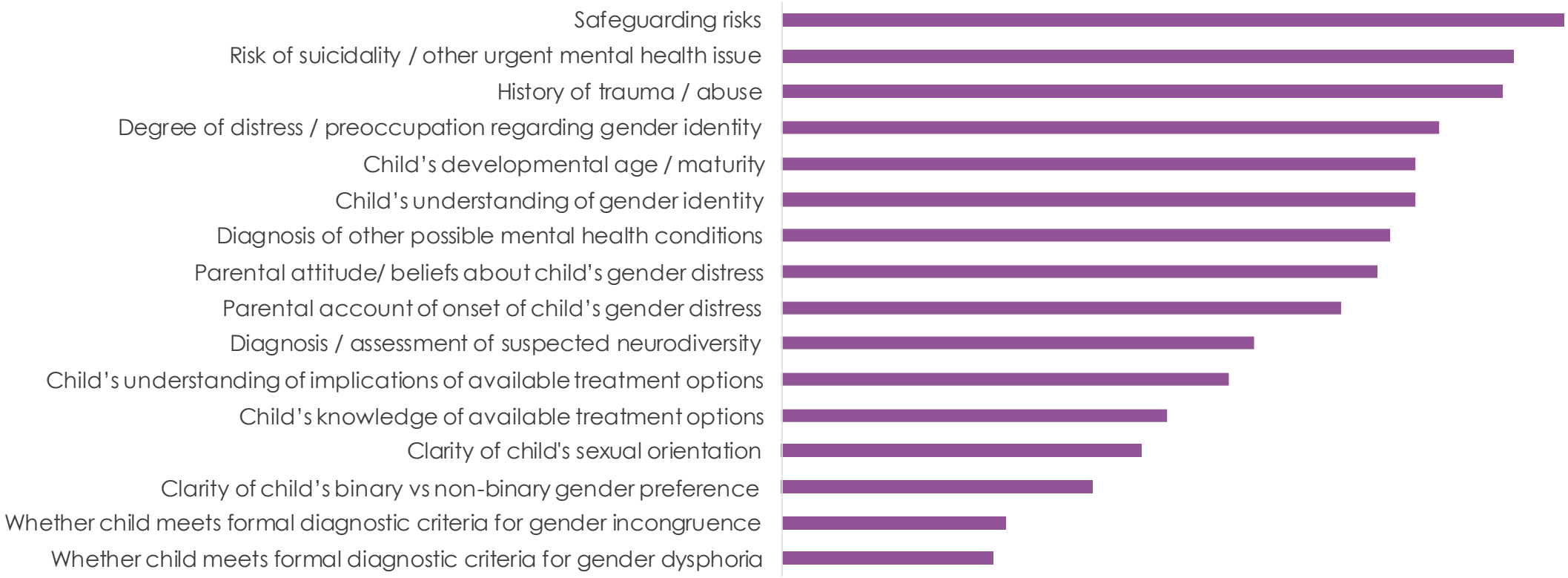
-Psychologist

"CYP can display distress in different ways and we need to be alert to the concept that there is not an obvious direct line between symptom and causation. My concern is that we are overlooking/missing instances of abuse, both past and present, through the noise of discussing gender dysphoria."

- Social Worker

Task two: Your role in the assessment framework

Figure 18: Considering YOUR OWN PART in the assessment process, which areas do you think you should assess? (n=70) multiple choice question



Shaping an assessment framework

The data in Figures 17 and 18 suggests that the same areas of assessment are most and least important regardless of whether an assessment framework is being used for the whole service pathway, or only the part that individual professionals are responsible for.

The professional panel participants felt that the three most important areas to assess when working with a GQ CYP are,

1. risk of suicidality/other urgent mental health issue,
2. safeguarding issues, and
3. history of trauma/abuse.

The professional panel participants felt that the three least important areas to include in an assessment framework are,

1. clarity of a child's binary vs non-binary gender preference,
2. whether the child meets formal diagnostic criteria for gender incongruence, and
3. whether the child meets formal diagnostic criteria for GD.

According to the panel, regardless of why the CYP is presenting, their priority would always be the physical and mental wellbeing of the child or young person.

During the second facilitated workshop, some participants expanded on this, explaining that participants might be defaulting back to these areas as it is what medical professionals are trained to do. The first priority is always to do no harm. Therefore, professionals feel more comfortable assessing any immediate physical and mental health risks rather than the CYP's gender preference, in light of a lack of an evidence base and a sense of uncertainty or lack of support from professional bodies.

When it comes to participants not prioritising whether the CYP meets any formal diagnostic criteria during assessment, some professionals in our sample expressed concerns about diagnosing something that is not yet fully understood by them or defined. Because of the lack of clear clinical guidelines, they expressed a concern that a professional could misdiagnose a GQ CYP and set them on a path which may turn out to be more harmful in the longer term. In contrast to a misdiagnosis for autism for example, the negative repercussions were felt to be much higher with GD or gender incongruence as some physical interventions can be irreversible. This is seen as especially true with the current service pathway as it stands, where there is a lack of options to refer CYP on to.

"How as mental health professional do we differentiate between a child who wants to change their body, or is mentally ill and needs help, or child that has trauma and abuse? We can use detailed assessment, but we can still misdiagnose."

Conclusion

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Conclusions

This activity has yielded some really valuable insight from clinicians and professionals working with gender questioning children and young people. We are grateful to all the participants for their time and high level of engagement.

From what the panel participants told us there are a number of consistent messages:

- There is strong professional commitment, everyone participating on the panel wants to be able to do the best for these children and young people, but levels of confidence and competence vary.
- One of the main concerns expressed by this panel was the lack of consensus among the clinical community on the right clinical approach.
- To support clinicians and professionals, this panel felt there is a need for a consistent legal framework and clinical guidelines, a stronger assessment process and different pathway options that holistically meet the needs of each child.

These results represent the views of panel participants at a point in time. The Cass Review team is undertaking further engagement alongside the academic research, which will help to develop the evidence base.

What would help?

- Legal framework
- Clinical guidelines
- A consistent assessment framework
- Clear referral criteria
- Differential diagnosis
- Guidance and a decision aide
- Searchable evidence and information library
- Helpline for triage
- Peer support/networks/knowledge exchange
- Mapping and exploring the clinical and non-clinical landscape (including education and other social infrastructure) and how CYP can move through it, including exploring and navigating a range of care pathways.
- Definitive glossary concept or training module: The power of language – inhibitions caused by fear of 'saying the wrong thing'.
- Exploring the CYP perspective including the role of social factors.
- Information and sign-posting.
- Case studies.

Appendix

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Appendix A: Participant recruitment screening questions

- What is your name?
- What is your email address?
- Which region do you work in?
- Please select your age group.
- Please select the option that best describes your gender.
- Please select the option that best describes your ethnicity.
- Please select the option which best describes your sexual orientation.
- Please select the option that best describes your religion.
- What is your profession?
- Which area of service do you work in?
- Do you have direct experience of supporting / managing the care of a child / young person with gender dysphoria?
- Where would you place your clinical / professional approach to management of these children and young people on the following spectrum? (Cautious – affirmative).
- Have you received any training on management / support of children and young people with gender dysphoria?
- Have you received any training on management / support of children and young people with gender dysphoria?
- If you have received training, to what extent did you feel this was adequate for your professional needs?
- On a scale of 1 –5 please rate how confident you feel to manage care of a child / young person presenting with gender dysphoria at a level appropriate to your clinical profession or work environment.
- Do you have any other concerns about working with children and young people with gender dysphoria?

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