NHS England: Equality and Health Inequalities Impact Assessment (EHIA)

A completed copy of this form must be provided to the decision-makers in relation to your proposal. The decision-makers must consider the results of this assessment when they make their decision about your proposal.

22 May 2024

1. Name of the proposal: Children and Young People's Gender Service: Service Specification for the National Referral Support Service

2. Brief summary of the proposal in a few sentences

NHS England has developed a final proposed service specification that describes the approach for (a) access onto the waiting list for Children and Young People's Gender Services; and (b) management of the national waiting list for Children and Young People's Gender Services. As an outcome of a process of public consultation held between December 2023 and March 2024, and informed by the final report of the Cass Review, NHS England has decided that:

Referral rights – From 1 September 2024 referral rights will be changed so that only certain secondary-level NHS services may make referrals to the waiting list for the Children and Young People's Gender Service; primary care services and other agencies will no longer be able to make referrals; as an immediate measure, only primary care and secondary care clinicians may make referrals in the intervening period up to 31 August 2024.

Minimum age threshold – Contrary to the proposal that was made for the purpose of public consultation there will not be a minimum age threshold for a referral to the waiting list for the Children and Young People's Gender Service. This is because Recommendation 4 of the Cass Report (April 2024) advises NHS England that pre-pubertal children should be seen as quickly as possible.

Maximum age threshold – Contrary to the proposal that was made for the purpose of public consultation, referrals may be made to the waiting list for the Children and Young People's Gender Service of young people up to their 18th birthday.

Young people who reach 17 years of age while on the waiting list for the Children and Young People's Gender Service – Contrary to the proposal that was made for the purpose of public consultation, young people will not be removed from the waiting list for the Children and Young People's Gender Service from an individual's 17th birthday. Rather, NHS England will extend that threshold to 17 years and 9

months, which is three months before the age cut-off for the service. Contrary to the views of some respondents, NHS England will not directly transfer these individuals to adult gender services; instead, they will be advised to consult their GP as to whether a referral to an adult gender clinic is appropriate. If the GP makes such a referral, the adult gender clinic will honour the initial referral date to the children and young people's service.

Pre- referral consultation service – A pre-referral consultation service will be adopted, but implementation will be deferred until 2025/26 while the new providers Children and Young People's Gender Services build clinical capacity.

3. Prevalence

Estimates for the proportion of children, young people and adults with gender incongruence or gender dysphoria vary considerably. This reflects a number of factors such as: variable data reporting by providers; differences in diagnostic thresholds applied and inconsistent terminology; the methodology and diagnostic classification used – population surveys give a much higher estimate than numbers based on service use; and the year and country in which the studies took place. Few studies have taken place in the United Kingdom, and there are no published studies in young children.

The UK census (2021) reported that 93.47% of respondents in England (16 years +) recorded a "gender identity the same as sex registered at birth"; and that 0.55% of respondents recorded a "gender identity different from sex registered at birth"; and that 5.98% of respondents recorded as 'not answered"[1] . Although the Official for National Statistics advises (November 2023) that "the census estimates on gender identity are broadly consistent with the best available comparator of the GP Patent Survey and international comparators" the UK census did not collect gender identity data for children below 16 years of age.

Published estimates for the proportion of people who are gender diverse range from 0.3% to 0.5% of adults, and around 1.2% of people aged 14-18 years (source: analysis by Public Health Consultant, NHS England, 2023). The number of referrals to specialised gender incongruence services for children and young people in England is currently likely to be around 1 per 2000 population per year. The current referral profile suggests that the majority of referrals will be of adolescents following the onset of puberty.

[1] The Office for National Statistics advises (November 2023) that "there are some patters in the data that are consistent with, but no not conclusively demonstrate, some respondents not interpreting the question [on gender identity] as intended; given other courses of uncertainty, not least the impact of question of non-response, we cannot say with certainty whether the census estimates are more likely to be an overestimate or an underestimate of the total number of trans people aged over 16 years in England and Wales".

Table: Patient Numbers

Patient Cohort	**Number**	**Commentary**
Total number of children and young people on the waiting list, at 30 April 2024	5,676	Of whom, 5377 are registered with a GP in England
Number of children and young people who are referred onto the waiting list by referral sources other than secondary level NHS services (this will include referrals made by GPs, and non-NHS organisations)	147 per month	Average figure; based on referrals made between 1 January 2024 and 31 March 2024. This equates to 80.5% of referrals made in this period (GP referrals = 75.8%). The number of referrals made by non-NHS sources is 7 per month at current referral rates.
Increase in referrals to CYP mental health services in England as an outcome of the new access arrangements	Circa 0.3%	In 2022/23 there were 304,397 referrals to CYP mental health services, of which 488 were for issues of gender incongruence (source: Office of the Children's Commissioner Report, March 2024). At current referral rates, there are circa 1800 referrals to the CYP Gender Service per year of patients registered with a GP in England, of which circa 210 are made by CYP mental health services (net figure = circa 1,590 who are referred by primary care and other agencies). If all 1,590 CYP are referred to a CYP mental health service under the new arrangements, this would represent a 0.5% increase in referrals per year. The actual figure would be likely closer to 0.3% given that some referrals would be through NHS paediatric services.

Number of young people who are on the waiting list and who are 17 years of age, at 30 April 2024	331	
Number of young people who were on the waiting list on 30 April 2024 and who will attain 17 years and 9 months of age by: • December 2024 • January 2025 • February 2025 • March 2025	 3 176 184 220	

4. Main potential positive or adverse impact of the proposal for protected characteristic groups summarised

Please briefly summarise the main potential impact (positive or negative) on people with the nine protected characteristics (as listed below). Please state **N/A if your proposal will not impact adversely or positively on the protected characteristic groups listed below. Please note that these groups may also experience health inequalities.**

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Age: older people; middle years; early years; children and young people.	The following elements of the proposed service specification will have an impact to individuals directly because of their age and who may share this protected characteristic: • *Requirement for referrals to the CYP Gender Service to be made via CYP mental health services or general paediatric services* As the change will only affect children and young people below the age of the 18th birthday, all those affected will share the protected characteristic of age. NHSE has concluded that the fact that the proposals will impact children and young people who share the protected characteristic of age does not result in unlawful discrimination. The change is a reasonable and clinically appropriate measure for the reasons described in this EHIA. The change in access arrangements is a clinically appropriate response to the	• Most NHS community / general paediatric services do not accept referrals of young people from the 16th birthday. There may therefore be a small cohort of young people for whom the access route into the CYP Gender Service needs to be clarified before adoption of the new arrangements on 1 September 2024 – those aged 16 and 17 years who do not meet the access threshold for mental health services and who do not meet the age threshold for paediatric services. Of referrals made between 1 January 2024 and 31 March 2024, circa 90 referrals were made from a non-secondary care source of young people aged 16 or 17 years (16% of total

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	problems that manifest under the current arrangements. Too often in the past referrals were made to the former Gender Identity Development Service by primary care or other professionals, and third sector organisations, of children and young people under 18 years whose significant mental and physical health needs were not addressed while they remained on the waiting list for GIDS (75.8% of referrals onto the gender incongruence waiting list are currently made by GPs). One of the areas of concern identified by the Care Quality Commission (the independent regulator of health services in England) in its focused inspection of the former Gender Identity Development Service at the Tavistock and Portman NHS Foundation Trust (2021) was the absence of any structured approach for identifying clinical risk on the waiting list and addressing the health needs of children and young people while they remained on the waiting list. The proposed change to access arrangements was supported by the Cass Review in its final report (April 2024) which noted that the current arrangement for referrals through primary care and non-NHS	referrals made in this period); based on these figures we may extrapolate that the maximum number of young people who are 16 – 17 years and who may not be eligible for either paediatric services or mental health services is 30 per month – but this is the *estimated maximum number* as some may in fact meet the access criteria for their local NHS secondary mental health service. NHS England will define the access arrangements for this potential cohort of individuals before 1 September 2024 so that no individual is disadvantaged. NHS England will discuss this further with the Royal College of Paediatrics and Child Health and Royal College of General Practitioners, which both supported the proposal during consultation, for the purpose of forming guidance for secondary care services. • Some respondents to consultation were worried that the change to referral arrangements would act as a delay in accessing the CYP Gender Service. This is unlikely to be the case for the majority of individuals as (a) the referral date from primary care to the secondary care service will be honoured for determining an individual's place on the waiting list for the CYP Gender Service and (b) waiting times for mental health services and paediatric services are likely to be

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	agencies was unusual for a specialised service.	lower for the majority of individuals than the waiting time for the first appointment with the CYP Gender Service: Source: "*Children's Mental Health Services, 2022/23*" published by the Children's Commissioner in March 2024 which reported that 72% of children and young people are seen within a year of referral; of those who entered treatment there was a median waiting time of 35 days and a mean waiting time of 108 days; only 2% of those who entered treatment waited over 2 years, and for these individuals the median average wait was 3.09 years, and the mean average wait was 3.8 years. Source: *NHS Referral to Treatment* statistics, published April 2024, which show that at March 2024, of the incomplete referral pathways for paediatric services there was an average median waiting time of 14.2 weeks; a 92nd percentile waiting time of 44.4 weeks; and that 0.05% of referrals were waiting over 78 weeks. • The report of the Children's Commissioner (March 2024) found that younger children wait longer to access mental health services compared to older children and young people – a median wait of 98 days for under 5s, compared

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		to a median wait of 17 days for those age 16 to 17. The data relating to waiting times into mental health services will be monitored by NHS England to establish if this pattern is present for children and young people for the purpose of a referral to the CYP Gender Service. In the meantime, NHS England notes that the median waiting time of 98 days for children under 5 is still significantly below the median waiting time for the CYP Gender Service of >3 years, and that the number of children under 5 years referred to the CYP Gender Service is very low (1.8% of referrals were of children up to 6 years between 1 May 2023 and 30 April 2024).
	• *Young people who reach 17 years and 9 months while on the waiting list for the Children and Young People's Gender Service will be removed from the waiting list, and advised to discuss a referral to an adult gender clinic with their GP* The age cut-off for the CYP Gender Service is the individual's 18th birthday (source: NHS England Interim Service Specification, June 2023). While the new providers of CYP Gender Services build clinical capacity over time, it is reasonable and rational for young people who reach 17 years and 9 months	• Some respondents to consultation suggested that rather than require a referral to an adult clinic through primary care, NHS England should make a direct transfer of the young person from the CYP waiting list into an adult gender clinic. NHS England has determined that is not clinically appropriate to directly transfer a

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	while on the CYP waiting list to be removed from the CYP waiting list and advised to consider with their GP whether a referral to an adult gender clinic is appropriate and, if so, for their original referral date to the CYP service to be honoured by the adult gender clinic for the purpose of determining their place on the adult waiting list.	young person onto the waiting list of an adult Gender Dysphoria Clinic because, as a commissioner of health services rather than a provider, it has no direct knowledge of the aims and intentions of any individual in regard to their gender identity, nor to how - and the extent to which - those personal aims and intentions may have changed while they were on the waiting list for the CYP service. The individual's GP is better placed to support the young person in considering the appropriateness of a referral to an adult gender service, being particularly mindful that the adult service (unlike the children's service) provides a pathway to irreversible surgical interventions which may not have been in the child / young person's contemplation, or that of their parents / carers, when they were referred to the CYP service; it is also germane that many such individuals will have been referred by their GP to the children's service when they were below the age of 16 years (below the age at which there is a legal presumption of capacity to consent to medical interventions), and that as such it is entirely appropriate that the young person's GP supports the individual in exercising their autonomy, towards their 18th birthday, in reviewing the GP's previous decision to refer, and deciding whether an onward referral to an

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	• *There will not be a minimum age threshold to the CYP Gender Service* For the purpose of public consultation, NHS England explained that there is no firm clinical evidence to determine whether a minimum age threshold should apply for referrals into the service and, if so, what that age threshold should be. Some stakeholders have concerns that the absence of a minimum age threshold could result in unnecessary and inappropriate referrals being made. On the other hand, some people suggest that there should not be a minimum age threshold on the grounds that expert NHS support should be available to any child experiencing gender distress. NHS England proposed a minimum age threshold of 7 years, affecting 1.8% of referrals into the waiting list at current referral patterns. NHS England now has the benefit of the final report of the Cass Review (April 2024) that recommends that pre-pubescent children are seen “as soon as possible” by experienced	adult gender service that provides medical intervention is in accordance with their own wishes and intentions, and that the individual consents to such a referral.

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	clinicians (Recommendation 4, Cass Report) and NHS England has accepted this recommendation. This approach may be an important safeguarding measure against children being encouraged or supported to take any premature action with regards to their gender identity which might narrow or close down future choices. • *There will not be any change to the maximum age threshold of 18 years* This approach is consistent with NHS England's Interim Service Specification for the CYP Gender Service that was published in June 2023 following a process of public consultation that was supported by a separate EHIA. Referrers and young people will be made aware that young people who reach 17 years and 9 months while on the CYP waiting list will be removed from the CYP waiting list and advised to consider with their GP whether a referral to an adult gender clinic is appropriate (see above).	
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	Various literature suggests that a high proportion of children and young people with gender incongruence will also present with other significant comorbidities, though NHS	

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	England does not have specific data from the former service at the Tavistock and Portman NHS Foundation Trust. The literature reports that a significant proportion of those presenting with gender dysphoria have a diagnosis of Autistic Spectrum Disorder (ASD). Around 35% of young people referred to the former Tavistock GIDS presented with moderate to severe autistic traits[2]. Individuals with ASD are likely to share the protected characteristic of "disability". Around 70% of people with autism also meet diagnostic criteria for at least one (often unrecognised) psychiatric disorder that further impairs psychosocial functioning, for example, attention deficit hyperactivity disorder or anxiety disorders. Intellectual disability (IQ<70) coexists in approximately 50% of children and young people with autism[3]. The Cass Report (April 2024) reported that "*some research studies have suggested that transgender and gender-diverse individuals are three to six times more likely to be autistic*	

[2] Assessment and support of children and adolescents with gender dysphoria, Butler et al, 2018

[3] Autism Spectrum Disorder in Under 19s: Support and Management, National Institute for Health and Care Excellence, 2021

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	than cisgender individuals, after controlling for age and educational attainment" [para 5.41] There is also an increased prevalence of children and young people presenting to the current service with severe forms of mental health problems which may in some cases constitute a 'disability' for the purpose of the Act. The Cass Report (April 2024) reported that of the studies identified in a systematic review (Taylor et al: Patient characteristics) almost 50% reported data on depression and/or anxiety, and close to 20% reported other mental health issues, leading the Cass Review to conclude that "*rates of depression, anxiety and eating disorders were higher in the gender clinic referred population than in the general population*" [para 5.26]. The UK Government's LGBT Survey (2017) reported that 32.5% of respondents from the transgender and non-binary population self-identified as having a disability (though respondents were aged 16 years and above). The changes brought by the new service specification will affect children and young	

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	people many of whom will individually have the protected characteristic of disability. NHSE has concluded that the fact that the proposals will impact children and young people who have the protected characteristic of disability does not result in unlawful discrimination. The changes are reasonable and clinically appropriate measure for the reasons described in this EHIA. The following elements of the proposed service specification may have a particular impact to individuals who have the protected characteristic of disability: - *Requirement for new referrals to the CYP Gender Service to be made via CYP mental health services or general paediatric services* This is the approach that is already adopted by NHS Wales in that all referrals to the waiting list for the NHS CYP Gender Service (commissioned by NHS England) are made via CYP mental health services. Earlier intervention from local services will be to the advantage of those children and young people who have this protected	• Some respondents to consultation have expressed concern that a diagnosis of autism or neurodisability would prevent or delay a child or young person in being seen by the CYP Gender Service. Written communication with the patient and family will explain that the secondary care services will not make a diagnostic determination of whether there is gender incongruence or dysphoria but will make an

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	characteristic as it will provide earlier, tailored support from experienced clinicians. This arrangement helps to respond to the concerns that the Care Quality Commission had about the lack of support or risk assessment around children and young people while they remained on the waiting list of the former Tavistock service[4]. This arrangement will also facilitate a shared care approach, where relevant to the child or young person's needs, reflecting the terms of NHS England's Interim Service Specification for CYP Gender Services (June 2023) that describe how the specialist service and local services will collaborate in the best interests of the child or young person. A shared decision is made between the child or young person, the family and CYP mental health service / paediatric service whether to refer to the CYP Gender Service, and if so, to form an individual care plan as appropriate to address an individual's needs while they are on the waiting list for the CYP Gender Service.	assessment as to whether the child or young person is experiencing gender related distress in the context of their holistic needs and that a shared decision will be made with the child or young person and the family about whether to refer into the Children and Young People's Gender Service. • The report of the Children's Commissioner, "*Children's Mental Health Services, 2022/23*" published in March 2024, reported that children with suspected autism wait the longest time for support on average (median wait of 216 days), followed by children with other neurodevelopmental conditions (median wait of 111 days); and that this likely corresponds with the longest waits for 'Autism Service' (median wait of 481 days) and 'Neurodevelopment Team' (median wait of 194 days). The data relating to waiting times into mental health services will be monitored by NHS England to establish if this pattern is present for children and young people for the purpose of a referral to the CYP Gender Service. In the meantime, NHS England notes that the median waiting times quoted are

[4] CQC Inspection Report of the Gender Identity Development Service, January 2021 https://www.cqc.org.uk/provider/RNK/inspection-summary#genderis

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	The proposed change to access arrangements was supported by the Cass Review in its final report (April 2024) which noted that the current arrangement for referrals through primary care and non-NHS agencies was unusual for a specialised service.	significantly below the median waiting time for the CYP Gender Service of >3 years. • Some stakeholders have objected to the proposal because, they say, it will increase waiting times in mental health services or paediatric services for children and young people who are referred for reasons not to do with gender incongruence. may face to access paediatric services if trans and non-binary children and young people are forced to access secondary care in order to be referred to the Service". Children and young people who are referred to local services and who do not have the protected characteristic of "gender reassignment" may have the protected characteristic of "disability" depending on their individual circumstances; they may not share a protected characteristic as a class or cohort. NHS England has concluded that no direct discrimination occurs and there is no indirect discrimination to anyone who may have a protected characteristic. In any event, the overall increase in referrals to CYP mental health services is likely to be circa 0.3% nationally (see Table above).

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		• NHS England has also published (April 2023) a new National Framework to Deliver Improved Outcomes in All-Ages Autism Assessment Pathways: Guidance for Integrated Care Boards. This will improve access to assessments and mitigate the impact of undiagnosed autism on some children and young people's experiences. • The new service offer is accompanied by improved guidance and *MindEd* psycho-education resources on gender incongruence in childhood and adolescence for local services and professionals that NHS England published in September 2023. These resources include specific advice to primary and secondary care professionals in respect of co-existing concerns including self-harm. • At a local level NHS England, with local commissioners, has improved 24/7 crisis helplines and crisis response services. These are also supported by training resources for crisis practitioners, especially A&E staff which will include specific LGBTQIA+ training resources developed by young people with lived experience.

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	• *Young people who reach 17 years and 9 months while on the waiting list for the Children and Young People's Gender Service will be removed from the waiting list, and advised to discuss a referral to an adult gender clinic with their GP* Many of those affected by the arrangement will have the protected characteristic of disability. The age cut-off for the CYP Gender Service is the individual's 18th birthday (source: NHS England Interim Service Specification, June 2023). While the new providers of CYP Gender Services build clinical capacity over time, it is reasonable and rational for young people who reach 17 years and 9 months while on the CYP waiting list to be removed from the CYP waiting list and advised to consider with their GP whether a referral to an adult gender clinic is appropriate and, if so, for their original referral date to the CYP service to be honoured by the adult gender clinic for the purpose of determining their place on the adult waiting list.	• Some respondents to consultation called for increased training and support to staff in adult services to ensure they can meet the needs of young adults transitioning from children's services, especially to support those with additional needs, like neurodiversity and learning difficulties. NHS England's service specification for adult gender dysphoria services requires commissioned providers to establish a Multi-Disciplinary Team that includes "*good professional knowledge of neuro-developmental conditions, including autistic spectrum condition and of adjustments to facilitate optimal communication with affected people*" and for the MDT to have access to "*expertise in the care of people with learning disability and other special needs including Autistic Spectrum Conditions* …". However, NHS England will review clinical workforce and training needs within its planned

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		review of the adult gender services in 2024/25 including in the context of the various recommendations and findings of the Cass Review (2024).
Gender Reassignment	In January 2023 the High Court agreed that not every child or young person referred to a specialised gender incongruence service will have the protected characteristic of 'gender reassignment'[5]. The Court agreed that children and young people who are referred to such a service do not – at the point of referral or while they remain on the waiting list - share the protected characteristic of 'gender reassignment' as a class or cohort of patients. The whole cohort of patients cannot be treated as "proposing to undergo" a process (or part of a process) for the "purpose of reassigning" their sex "by changing physiological or other attributes of sex" as a class or cohort. To apply such a definition to these individuals is to make assumptions upon the aims and intentions of those referred, the certainty of those desires and	

[5] R(AA & Others) v NHS Commissioning Board and Others[2023] EWHC 43 (Admin)

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	their outward manifestation, and upon the appropriate treatment that may be offered and accepted in due course. This is particularly likely to be true in the case of very young children. However, as the Court found and as NHS England accepts, many children and young people in this position will, individually, have the protected characteristic at this stage of the pathway, although determining that will involve a case-specific factual assessment[6]. In regard to those individuals who will have the protected characteristic of gender reassignment at the point of referral and / or while they remain on the waiting list, NHS England has concluded that no direct or indirect discrimination occurs. Specifically:	

[6] Ibid; NHS England has reminded itself that an individual will benefit from protection under Equality Act 2010 against direct discrimination in that they should not be treated less favourably if they are perceived by NHS England to have the protected characteristic of, or satisfy the definition of, gender reassignment even if they do not. However, NHSE has concluded that this aspect will have no substantive impact given that NHSE recognises that a number of the presenting patients will have the protected characteristic.

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	• *Requirement for referrals to the CYP Gender Service to be made via CYP mental health services or NHS paediatric services* Currently, 75.8% of referrals into the waiting list for the CYP Gender Service are made by GPs, and around 4.7% of referrals are made by non-health professionals. From 1 September 2024 all referrals will have to be made via CYP mental health services or NHS paediatric services. As an immediate measure in the intervening period, referrals will not be accepted from non-NHS sources (n=7 referrals per month at current referral rates). Previous and current processes of public consultation has yielded some concerns from respondents including: - Third sector organisations should retain referral rights because children and young people may be reluctant / unable to engage with primary or secondary care health professionals - The arrangements may result in 'gate keeping', that is purposeful obstruction designed to prevent children and young	• The requirement for a referral to a tertiary specialised service to be made by a clinician in a secondary level health service is a routine arrangement in commissioning NHS specialised services. Therefore, the proposed requirement for a referral into the CYP Gender Service is consistent with that for comparator groups that may comprise children and young people who are referred to other highly specialised NHS services. The positive impact of the proposal to children and young people who are being considered for a referral to a specialist gender service is that all such children and young people will receive an assessment as to whether the CYP is experiencing gender related distress in the context of their holistic needs, therefore addressing the un-met need and absence of clinical risk management that, the CQC found, resided in the previous approach to waiting list management by the former Tavistock service. • The new arrangements will be accompanied by improved guidance and psycho-education

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	people from accessing specialist gender services - Some GPs are perceived to be "unsupportive" or "unsympathetic" and that they sometimes "placed barriers to access" to CYP gender services – and these concerns are relevant as it would be the GP who would decide whether to refer to CYP mental health services or NHS paediatric services. NHS England has considered these concerns in the context of the current proposals. CYP Gender Services are prescribed by Ministers as a 'highly specialised' service. The requirement for a referral to a tertiary specialised service to be made by a clinician in a secondary level health service is a routine arrangement in commissioning NHS specialised services. Therefore, the proposed requirement for a referral into the CYP Gender Service is consistent with that for comparator groups that may comprise children and young people who are referred to other highly specialised NHS services. The positive impact of the proposal to children and young people who have the protected characteristic of gender reassignment, and who are being	resources for local services and professionals, as described in the proposed service specification. Additionally, NHS England has published on-line MindEd resources directed at parents and local professionals (September 2023). • It is unclear from the submissions made as to the reasons why, previously, a GP may have declined to make a referral to the former Tavistock service – which could be the GP properly exercising clinical judgment about the appropriateness of such a referral. Currently, around 75.8% of referrals are made by GPs, and around 20% of referrals are made by secondary care services following a GP referral. Of the remaining 4.2% of referrals (n=7 referrals a month at current referral rates), in the absence of relevant data, it cannot be assumed that GPs were "unsupportive" of all these referrals. NHS England does not hold data on the number of children and young people in respect of whom a GP has declined to make a referral to the former Tavistock service, and none has been offered by respondents. The data that is available on referral sources, particularly when considered alongside the data that shows a consistent significant increase in referrals over the past ten

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	considered for a referral to a specialist gender incongruence service, is that all such children and young people will receive an assessment as to whether the CYP is experiencing gender related distress in the context of their holistic needs, therefore addressing the un-met need and absence of clinical risk management that, the CQC found, resides in the current approach to waiting list management[7]. The proposal is also consistent with the clinical management approach described in the interim service specification for CYP Gender Service (published June 2023) that describes a more coordinated and integrated approach between the specialist service and local services in the child or young person's best interests. The proposed change to access arrangements was supported by the Cass Review in its final report (April 2024) which noted that the current arrangement for referrals through primary care and non-NHS agencies was unusual for a specialised service.	years, does not support the assertion that this is a significant problem, and the submissions made do not explain why – under the new arrangements - GPs would be unsupportive of a referral to CAMHS or NHS paediatric services.

[7] CQC Inspection Report of the Gender Identity Development Service, January 2021 https://www.cqc.org.uk/provider/RNK/inspection-summary#genderis

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	• *Adoption of a pre-referral consultation service in 2025/26* This service will offer early expert advice to referrers and local health systems. The intent is that the CYP Gender Service will agree with the referrer the outcome of the consultation, advice and liaison meeting, including an initial formulation of the young person's needs and risks and a local care plan to support the child or young person. The new arrangement is consistent with the final report of the Cass Review (April 2024) which recommends an enhanced role for a matrix of designated local services working in a regional network with the tertiary provider. Some stakeholders have expressed concern that *"there was … no information on why a pre-referral consultation had been deemed necessary or why this was seen as an improvement to the previous service specification'* and that *"there appeared to be no mention of a plan or pathway of support for those who don't meet the requirements for referral yet who will likely feel that they need support and will continue to pursue it, whether with NHS England or elsewhere".*	• This arrangement will impact children and young people who are referred into the waiting list in the future – it will not relate to children and young people who are already on the waiting list. The pre-referral consultation service aims to support the child or young person, their family and local health professionals in identifying and responding to clinical need at an early stage. Although an outcome of the service may be that some children and young people may be assessed as being not suitable for the gender incongruence service, including those whose gender identity concerns may benefit from being addressed by local professional systems, this potential outcome is consistent with the terms of NHS England's interim service specification for CYP Gender Services (published June 2023 following a process of public consultation) that reads that the service is open to children and young people "*who are referred to The Service because gender incongruence concerns may be present* ***and which exceed the scope and expertise of local services***" (emphasis added) and that "*not all children and young people who present with issues of gender incongruence will require direct interaction with The Service; in many cases the most appropriate care can be*

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
		provided locally including with additional support and consultation by The Service".
	• *Young people who reach 17 years and 9 months while on the waiting list are removed from the CYP waiting list and advised to consider with their GP whether a referral to an adult gender service is appropriate.* Many of the young people who are on the waiting list for the CYP Gender Service and who reach 17 years and 9 months of age will have the protected characteristic of gender reassignment; they will be removed from the waiting list of the CYP Gender Service. However, alternative NHS provision is available in the form of a referral to an NHS adult Gender Dysphoria Clinic. It will be for the young person to decide, through consultation with their GP, whether a referral to an adult gender dysphoria service is appropriate for them. If a referral is made, the adult Gender Dysphoria Clinic will honour the original referral date to the CYP service for	• This arrangement may have a negative impact to some individuals who are on the waiting list of an adult Gender Dysphoria Clinic and who may have to wait longer for a first appointment as a consequence of patients from the CYP waiting list joining the adult waiting list above them. These adult individuals will share the protected characteristic of gender reassignment but NHS England is not in possession of the patient-related data of those on the adult waiting lists that would be necessary to quantify the impact at individual patient level. This data is held by the organisations that deliver the adult gender services and is not currently available to NHS England.

<table>
<tr><th>Protected characteristic groups</th><th>Summary explanation of the main potential positive or adverse impact of your proposal</th><th>Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact</th></tr>
<tr><td></td><td>the purpose of determining their place on the adult waiting list.</td><td></td></tr>
<tr><td>Marriage & Civil Partnership: people married or in a civil partnership.</td><td>NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposed service specification does not have any significant impact on individuals who may share this protected characteristic.</td><td></td></tr>
<tr><td>Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.</td><td>NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposed service specification does not have any significant impact on individuals who may share this protected characteristic.</td><td></td></tr>
<tr><td>Race and ethnicity[8]</td><td>Table: Children and young people referred to the former Tavistock service between July and December 2022[9]
<table>
<tr><th colspan="3">GIDS: Q2 & Q3 Referred Patient Ethnicities</th></tr>
<tr><th>Ethnic Group</th><th>Count</th><th>%</th></tr>
<tr><td>Any Other Ethnicity</td><td>3</td><td>0.6%</td></tr>
</table></td><td></td></tr>
</table>

[8] Addressing racial inequalities is about identifying any ethnic group that experiences inequalities. Race and ethnicity includes people from any ethnic group incl. BME communities, non-English speakers, Gypsies, Roma and Travelers, migrants etc.. who experience inequalities so includes addressing the needs of BME communities but is not limited to addressing their needs, it is equally important to recognise the needs of White groups that experience inequalities. The Equality Act 2010 also prohibits discrimination on the basis of nationality and ethnic or national origins, issues related to national origin and nationality.

[9] Source: Data return by Tavistock and Portman NHS Foundation Trust, February 2023

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact

Asian or Asian British – Any Other	**5**	*1.0%*
Asian or Asian British – Indian	**1**	*0.2%*
Black or Black British – Caribbean	**2**	*0.4%*
Mixed – Any Other Background	**15**	*3.0%*
Mixed – White & Asian	**1**	*0.2%*
Mixed – White & Black Caribbean	**2**	*0.4%*
Not Known – Not Requested	**1**	*0.2%*
Not Stated – Client Unable to Choose	**152**	*30.5%*
Other Ethnic Group – Chinese	**1**	*0.2%*
White – Any Other Background	**11**	*2.2%*
White – British	**200**	*40.2%*
White – Mixed White	**2**	*0.4%*
White – Polish	**2**	*0.4%*
Blank	**100**	*20.1%*
TOTAL	**498**	

Analysis of ethnicity data remains challenging given the (historically) high number of individuals for whom ethnicity data was not recorded or not available through the former GIDS at the Tavistock and Portman NHS Foundation Trust (50.8% of patient records according to the above table). Ethnicity data is not readily available through the waiting list information that was transferred from the Tavistock to NHS Arden & GEM CSU in 2023. Of the data available,

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	the highest proportion of individuals are "White" which accords with previous NHS analyses of individuals accessing gender dysphoria services. A 2022 publication[10] reported that the majority of young people seen at the former GIDS self-identified with a white ethnic-background (93.35%) and 6.65% identified as being from ethnic minority heritage. It concluded that service engagement was comparable between the subgroups, while the ethnic minority sub-group was offered and attended more appointments in 2018–2019. Due to the low ethnic minority sub-group numbers, findings need to be interpreted with caution. The following elements of the proposed service specification may have a particular impact to individuals who may share this protected characteristic: • *Requirement for referrals to the CYP Gender Incongruence Service to be*	

[10] Manjra II, Russell I, Maninger JK, Masic U. Service user engagement by ethnicity groups at a children's gender identity service in the UK. *Clinical Child Psychology and Psychiatry*. 2022;27(4):1091-1105.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	made via CYP mental health services or general paediatric services There is evidence that gender diverse individuals from BAME heritage are more likely to face discrimination on the basis of their race and gender and often within their religious community as well. The reasons for the low numbers of people from BAME communities is not well understood. Separately, various literature reports that people from BAME populations are less likely to access mental health services when compared to people from white ethnic back-grounds. It has been well established that the under-representation of these communities can be as a result of a number of barriers including referrers not recognising the need for mental health care in BAME service users[11]. In March 2024 the Children's Commissioner published "*Children's Mental Health Services, 2022/23*". This report suggests that "Children of Unknown Ethnicity" waited the	NHS England's new interim service specification for CYP Gender Services (published June 2023) describes the importance of routine and consistent data collection, analysis and reporting. NHS England expects providers to report demographic data for the purpose of continuous service improvement initiatives, including to identify whether any particular groups are experiencing barriers in access to service provision. NHSE will consider how to use the outcome of this enhanced approach to data collection and analysis to inform its future approach to the commissioning of these services, including for the purpose of identifying inequalities that may exist in access to the service. The proposed service specification against which this EHIA has been developed describes that NHS England will produce guidance for primary care and local secondary services about the support that should be offered to children and young people with gender incongruence, and this guidance will include a consideration of issues around preventing and addressing health inequalities.

[11] Waheed and Beck; *Improving BAME access to a Child and Adolescent Mental Health Service;* (2020)

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	longest (median 42 days), followed by white children (median 35 days). Asian and black children, despite only making up 4% and 3% (respectively) of all children entering treatment, had notably shorter waiting times than any other ethnic group. Compared to the national median of 35 days, Asian children waited on average 19 days, and black children waited on average 25 days. The report suggested that Asian children and black children's shorter waits may be a result of a greater severity of need at the point they present to mental health services. This may reflect the additional barriers Asian and black children face in accessing early, appropriate mental health support that meet their needs. The report concludes that further research is needed to understand this trend among children and young people. NHS England has been mindful of this evidence when forming the proposal to re-route referrals to CYP Gender Incongruence Services via CYP mental health services and has been mindful of the need not to exacerbate existing known inequalities in this regard. NHSE has concluded that the fact that the proposals will impact children and young people who have the protected	NHS England notes the recommendation of the Children's Commissioner (March 2024) that further research is needed to understand the trends that are described about waiting times for individuals with different ethnicity. Separately, in 2021 NHS England established the National Healthcare Inequalities Improvement Programme (HiQiP), which works with national programmes and policy areas across NHS England, to address inequalities and ensure equitable access, excellent experience and optimal outcomes. The terms of reference for the NHS England National Programme Board for Gender Dysphoria Services (2023 – 2026) include a focus on addressing and reducing health inequalities aligned with the HiQiP.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	characteristic of ethnicity does not result in unlawful discrimination. The change is a reasonable and clinically appropriate measure for the reasons described in this EHIA.	
Religion and belief: people with different religions/faiths or beliefs, or none.	There is limited available evidence on the religious attitudes of trans people in the United Kingdom, although The Trans Mental Health Study found that most people who took part stated that they had no religious beliefs (62%). A data collection exercise of adult Gender Dysphoria Clinics undertaken by NHS England in 2016 reaffirmed the findings of this study but it is unclear as to the extent to which the findings may relate to children and young people. NHS England is of the view that the proposals do not significantly impact individuals who share this protected characteristic.	
Sex: men; women	Measured through recent referral patterns 69% of referrals to the current commissioned service are of natal females and 31% are of natal males[12].	• NHS England's Interim Service Specification for CYP Services (published June 2023) describes the importance of building research capabilities for the purpose of continuous quality improvement initiatives. Also, in 2019 the

[12] Source: Data return by Tavistock and Portman NHS Foundation Trust, February 2023

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	This data accords with figures published by the Cass Review in March 2022 that show a trend since 2011 in which the number of natal females is higher than the number of natal males being referred. Prior to that the split in the caseload was roughly even between natal girls and natal boys, but by 2019 the split had changed so that 76% per cent of referrals were natal females. That change in the proportion of natal girls to boys is reflected in the statistics from the Netherlands (Brik et al "*Trajectories of Adolescents Treated with Gonadotropin-Releasing Hormone Analogues for Gender Dysphoria"* 2018). The proposals may disproportionately impact individuals who are natal female based on this data. NHS England has concluded that no direct or indirect discrimination arises. The independent report on the analysis of responses to NHS England's separate public consultation on a proposed interim service specification for gender incongruence services for children and young people (2023) reads: "*Some Group B respondents felt that the EHIA could have more thoroughly addressed the potential impact on*	Government Equalities Office announced that it would commission new research to explore the nature of adolescent gender identity and transitioning to better understand the issues behind the increasing trend of referrals of adolescents to NHS gender dysphoria service. Working with the new configuration of service providers and academic partners, NHS England will consider how to use the outcome of this research to inform its future approach to the commissioning of these services. • NHS England notes the conclusion of the Children's Commissioner that further research is needed to better understand the findings that suggest that non-binary children and young people and girls have significantly shorter waiting times to CYP mental health services than boys.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	those with the protected characteristic of sex – particularly the impacts on girls who, as recent statistics showed, were now much more likely to seek treatment from gender dysphoria services than boys. NHS England was encouraged to investigate and publicise the degree to which possible causations such as internalised homophobia, exposure to social media, trauma, bullying, difficulties in navigating bodily changes at puberty, experiencing sexual objectification, familial and social situations and social contagion had played a part in this trend". The following elements of the proposed service specification may have a particular impact to individuals who may share this protected characteristic: • *Requirement for referrals to the CYP Gender Incongruence Service to be made via CYP mental health services or general paediatric services* In March 2024 the Children's Commissioner published "Children's Mental Health Services, 2022/23". This report suggests that on average, boys wait longer than girls for their second contact with the NHS mental	

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	health services, a median waiting time of 46 days compared to 29 days for girls, or over 50% longer. The report also found that waiting times for those who are non-binary were “strikingly shorter than any other group”, with a median wait of 7 days. As with the difference between older and young children, the shorter waiting time for girls and non-binary children may reflect that these groups of children are presenting to mental health services with greater severity of need, though further research is needed to better understand this finding. NHS England has concluded that the fact that the proposals will impact children and young people who have the protected characteristic of ethnicity does not result in unlawful discrimination. The change is a reasonable and clinically appropriate measure for the reasons described in this EHIA.	
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	NHS England does not hold data on the sexual orientation of individuals who are referred to or seen by the NHS commissioned service. The website of the former GIDS at the Tavistock and Portman	NHS England’s Interim Service Specification for CYP Gender Services (published June 2023) describes the importance of routine and consistent data collection, analysis and reporting. NHS England expects providers to report demographic

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	NHS Foundation Trust described the challenges in collecting this information from children and it read: "*In our most recent statistics (2015), of the young people seen in our service who were assigned male at birth and for whom we have data, around 30% were attracted to males, 30% to females, and 30% to both males and females (or other genders). The remaining approximately 10% of those for whom we have data described themselves as not being attracted to either males or females, or as asexual. For young people assigned female at birth for whom we have data: over half were attracted to females, a quarter were attracted to males, just under 20% were to both males and females (or other genders), and a small percentage described themselves as asexual or as not being attracted to either males or females*". In April 2024 the Cass Report read "*The Review has not been able to obtain recent data relating to the sexual orientation of the (Tavistock) GIDS patient cohort. When asked, mixed responses were given by (Tavistock) GIDS clinicians about the extent to which they explore sexuality with patients*	data for the purpose of continuous service improvement initiatives, including to identify whether any particular groups are experiencing barriers in access to service provision. The interim service specification also describes the importance of building research capabilities for the purpose of continuous quality improvement initiatives. Working with the new configuration of service providers and academic partners, NHS England will consider how to use the outcome of this research to inform its future approach to the commissioning of these services.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	seen in the service, and this may reflect differences in practice". The Cass Report did provide some evidence by way of a paper from the Tavistock GIDS service in 2016 (Holt et al., 2016) that reported sexual orientation in 57% (97) of a clinic sample of patients over 12 years of age for whom this information was available. Of the birth-registered females, 68% were attracted to females, 21% were bisexual, 9% were attracted to males and 2% were asexual. Of the birth-registered males, 42% were attracted to males, 39% were bisexual and 19% were attracted to females. The 2021 census reported that 89.4% of the UK population (16+years) identified as straight or heterosexual, which is a marked variation to the findings of the above survey in 2021 (20%). It is unclear as to the extent to which these data can be extrapolated for the purpose of this EHIA, but it may be reasonable to surmise that there is likely to be a lower percentage of children and young people who are referred to a gender incongruence service who identify / will identify as straight or heterosexual than for the general population.	

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	NHS England has concluded that there is insufficient evidence to determine if a particular group or cohort will be disproportionately impacted by the proposals. The independent report on the analysis of responses to NHS England's separate public consultation on a proposed interim service specification for gender incongruence services for children and young people (2023) reads that: "*the protected characteristic of sexual orientation had not been sufficiently addressed in the Equalities and Health Inequalities Impact Assessment due to their belief that gender dysphoria services have disproportionately impacted on homosexual or bisexual children and young people in the past*".	

5. Main potential positive or adverse impact for people who experience health inequalities summarised

Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). Please state **N/A if your proposal will not impact on patients who experience health inequalities.**

Groups who face health inequalities[13]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Looked after children and young people	There is an over-representation percentage wise (compared to the national percentage) of looked after children seen by services for children and young people with gender incongruence[14].	NHS England's Interim Service Specification (June 2023) recognises that a significant number of children and young people with very complex needs may also be *Looked After* or may not live with their birth family and may require the active involvement from children's social care and/or expert social work advice alongside support from the specialist service. Therefore the proposed arrangements for greater collaboration with local services at pre-referral stage – and for new referrals to be made via CYP mental health services or NHS paediatric services - may be particularly germane to local services who are caring for Looked After Children with complex needs.
Carers of patients: unpaid, family members.	Families and carers of the children and young people who are directly affected by the proposals, in terms of the impact to their overall wellbeing	In mitigation of any adverse impacts NHS England will ensure clear communications directly to the families and carers and to sign post them to additional support services if this is needed.
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	• As a submission made during the process of stakeholder testing (August 2023) the suggestion was made that	• A person's ability to consent to something depends on them having access to good information tailored to their level of

[13] Please note many groups who share protected characteristics have also been identified as facing health inequalities.
[14] Interim report of the Cass Review, 2022

Groups who face health inequalities[13]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	children and young people who are homeless may not be able to join the waiting list if there is an absence of parental / carer support. NHS England does not have access to data that may quantify or assess the likelihood of this situation occurring. The charity *akt* reports that 24% of homeless people identify as "LGBT" but we do not have specific data on the prevalence of children 16 years and under who are homeless and who present with gender incongruence.	understanding, and free of undue influence. They need to understand fully what is proposed, grasp the importance of the information and see how it applies to them, and be able to hold onto their understanding of the implications. The degree of insight and understanding that children and young people have is not just a matter of their age but also of their experience and maturity. For young people of 16 and under, consent to treatment should usually be sought from the child *and* from one or both parents.
	• Some respondents to consultation have suggested that the additional number of points of contact will place extra burden on homeless families or low-income families living in insecure accommodation – it is an extra service to contact each time the address changes.	• Individuals who meet the eligibility criteria for the NHS Low Income Scheme or who are in receipt of certain benefits will be eligible for reimbursement of travel costs under the Health Care Travel Costs Scheme.
	• Individuals who are homeless are more likely to encounter difficulties in registering with a GP, though the Care Quality Commission provides access to research that 92% of homeless	• NHSE has issued guidance to GP practices, based on the Patient Registration Standard Operating Principles for Primary Medical Care (2015) that *"A homeless patient cannot be refused registration on the basis of where they reside because they are not in settled accommodation".* GP practices have a

Groups who face health inequalities[13]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	people surveyed were registered with a GP.	responsibility to register people who are homeless or who have no fixed abode or are legitimately unable to provide documentation living within their catchment area.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing services or achieving outcomes for this group.	
People with addictions and/or substance misuse issues	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing services or achieving outcomes for this group.	
People or families on a low income	See above, submissions made under the heading “Homelessness”.	

Groups who face health inequalities[13]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	As a submission made during the process of stakeholder testing (August 2023) the suggestion was made that some groups who face barriers to accessing healthcare; people from low-income backgrounds, people who experience racism and people with low literacy or health literacy, were not assessed as being significantly affected. These groups may disproportionately experience digital exclusion, face barriers regarding time and transport for meetings and appointments or may not be able to access information about the referral process.	The proposals do not exacerbate existing health inequalities, as described in the submission, where they exist. Rather, the proposals described in the service specification will benefit these groups. The outcome of the proposals will be that GPs and local health systems are better able to support the child or young person and their family in identifying the most appropriate clinical pathway/s and supporting the family in accessing those pathway/s through a tailored approach for the individual.
People living in deprived areas	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing services or achieving outcomes for this group.	
People living in remote, rural and island locations	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that	

Groups who face health inequalities[13]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	the proposals will have a neutral impact on reducing health inequalities in accessing services or achieving outcomes for this group.	
Refugees, asylum seekers or those experiencing modern slavery	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing services or achieving outcomes for this group.	
Other groups experiencing health inequalities (please describe)		

6. Engagement and consultation

a. Have any key engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please place an x in the appropriate box below.

Yes X	**No**	**Do Not Know**
A process of public consultation was held on the proposed changes for 114 days between December 2023 and March 2024. A report on the independent analysis of submissions has been published including submissions on the supporting EHIA, and these submissions have been considered in the development of the current EHIA.		

7. What key sources of evidence have informed your impact assessment and are there key gaps in the evidence?

Evidence Type	Key sources of available evidence	Key gaps in evidence
Published evidence	As referenced in this EHIA.	As highlighted in the EHIA above.
Consultation and involvement findings	See response to (6) above.	
Research	Interim advice from the Cass Review, 2022 and 2023; and final report of the Cass Review, April 2024. Report: "*Children's Mental Health Services, 2022/23*", published by the Office of the Children's Commissioner, March 2024.	As highlighted in the EHIA above.
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team		

8. Is your assessment that your proposal will support compliance with the Public Sector Equality Duty? Please add an x to the relevant box below.

	Tackling discrimination	Advancing equality of opportunity	Fostering good relations
The proposal will support?			
The proposal may support?	X	X	X
Uncertain whether the proposal will support?			

9. Is your assessment that your proposal will support reducing health inequalities faced by patients? Please add an x to the relevant box below.

	Reducing inequalities in access to health care	Reducing inequalities in health outcomes

The proposal will support?		X
The proposal may support?	X	
Uncertain if the proposal will support?		

10. Outstanding key issues/questions that may require further consultation, research or additional evidence. Please list your top 3 in order of priority or state N/A

Whether the proposal for referrals to the CYP Gender Incongruence Service to be made via CYP mental health services or NHS paediatric services will disproportionately impact children and young people of BAME heritage (and who will have the protected characteristic of Race and Ethnicity).

11. Summary assessment of this EHIA findings

Adoption of the proposals will impact children and young people, all of whom will have one or more of the following protected characteristics: Age; Disability; Gender Reassignment; Race and Ethnicity. The fact that a proposal is likely to impact specific groups does not, in itself, render the proposal discriminatory. NHS England has concluded that no direct or indirect discrimination arises, although whether the proposal for referrals to the CYP Gender Incongruence Service to be made via CYP mental health services or NHS paediatric services will disproportionately impact children and young people of BAME heritage (and who will have the protected characteristic of Race and Ethnicity) will be closely monitored, including whether the mitigations described in this EHIA are effective.

Appendix A

Age at referral