REPLY BY THE PRESIDENT OF THE COMMITTEE *FOR* HEALTH & SOCIAL CARE TO QUESTIONS POSED BY DEPUTY DUDLEY-OWEN PURSUANT TO RULE 14 OF THE RULES OF PROCEDURE

The Committee would like to thank Deputy Dudley-Owen for posing these Rule 14 questions as this is a complicated area, which is often misunderstood, and it welcomes the opportunity to provide clarity from a HSC perspective.

Individuals with Gender Identity Disorder (GID) are widely recognised to be a vulnerable group, who can frequently experience poor health outcomes, experience discrimination and have higher rates of mental health difficulties, self-harm and suicide. Health & Social Care has no agenda in the provision of care to this community; it wishes to treat all patients with dignity, respect and provide the most appropriate care.

CHILDREN
Questions

1. **What number of children and adolescents (under the age of 18) have been seen by CAMHS Guernsey in the last 10 years, presenting with gender identity issues? Please present this figure split between sex: natal males and females.**

It is difficult to quantify how many children and adolescents have presented with gender identity issues to the Child & Adolescent Mental Health Service (CAMHS). Over 1,000 young people (in total) have been seen by CAMHS over the last 10 years, and whilst some of them do present with gender identity issues, this is often one of several issues that are explored during the course of engagement and for various reasons they are not then referred.

However, it is possible to report the number of those who are diagnosed or provisionally diagnosed with a gender identity issue who have subsequently been referred to the off-island provider. Since 2013, 30 children have been referred by CAMHS to NHS Gender Identify Development (GID) Service. Of those, 21 children were female to male and 9 were male to female.

2. **In a recent response to a Freedom of Information (“FoI”) request in November 2022, the Committee reported that it has no record prior to 2020 on what was spent with the Gender Identity Development Service (GIDS) in the UK, but that in 2020 and 2021 combined, £55,000 was spent. The Committee also states that this figure relates to spending on both adults and children, however, it is understood that GIDS only treats**

those under 18 years of age, so can you clarify this matter and provide confirmation that all this money was therefore spent in relation to minors i.e. those under the age of 18.

Historically Health & Social Care (HSC) has used the Tavistock GID for both adults and children and therefore expenditure on this service was combined. The Tavistock GID for children is not currently operational, as has been widely publicised, and we are awaiting the decision as to its replacement.

Due to the lengthy waiting list at the Tavistock GID (now only for adults), we now have a service level agreement for adults only with the London Transgender Clinic, which is a private organisation. HSC is not funding any service for children and young people currently, as the NHS is not providing such a service and there are no private providers operating at this time.

3. **Please confirm the amount of spent with GIDS for 2022.**

In 2022, £15,874 was spent in total with the NHS Tavistock GIDS for children. All of this cost was related to diagnostic assessments and psychological interventions.

4. **In your response to the 2022 FoI request, you state that up to a third of children referred to GIDS are thought to be on the Autism spectrum. Does it concern the Committee that Autistic children are overrepresented in the cohort of children with gender identity confusion and what does the Committee believe is behind this figure?**

Clinicians in CAMHS are aware of the correlation between gender identity confusion and autism with regard to data in the UK. This information was quoted in the recent *Keira Bell vs Tavistock* case which can be found here, as well as the published research which puts forward possible reasons. However, as yet there is no consensus on what is behind the link.

In a local context, as part of the extended assessment, practitioners explore with a young person whether there is a link in their case, and what the nature of the link is.

5. **GIDS figures reveal that same-sex attracted children are also overrepresented in those referred. Does this cause any concern for the Committee and what does the Committee believe is behind this fact?**

Although there is a clear difference between sexuality and gender, in those who are struggling with identity issues, it is not uncommon for both to occur, which is the reason for the over-representation highlighted in the question.

This is widely acknowledged and form part of the assessment to ensure that the correct treatment pathway is identified.

6. **Numerous clinicians from GIDS have become whistleblowers, claiming that physically healthy children are being medicated in response to pressure from transgender lobby groups and in response to parental anxieties. They also claim that many potentially gay children were being sent down the pathway to change gender, with two of the clinicians saying there was a dark joke among staff that there would be no gay people left. One clinician said that it feels like conversion therapy for gay children, and that they frequently had cases where people started identifying as trans after months of horrendous bullying for being gay.**

   Does the evidence of these whistleblowers concern the Committee?

It is difficult to form a view based on anecdotal evidence, rather than an official report. However, whilst it is acknowledged that sexuality and gender identity can be linked, the two are different and there has never been a desire to conflate or confuse the two. Every case is considered from all aspects and the patient at the centre is supported in the most appropriate way.

7. **What number of minors in Guernsey have been given puberty blockers and/or cross sex hormones by either CAMHS and/or GIDS?**

None known to HSC.

CAMHS do not prescribe in this area as it is an area where significant specialist expertise is required.

8. **In your response to the 2022 FoI request, it is stated that the detransition rate is up to 50% in children. Please could you expand on this, i.e. what do you mean by "detransition", does this require further intervention or support and if so for how long, and do you have any costs to report of associated services to support detransition?**

Detransition means having adopted a transgender identity at one point in time and then at a future point in time not having that same identity. The 50% figure was quoted to HSC by the Tavistock GID in about 2018, but often these are individuals who have considered issues around gender and then not fully transitioned socially, and certainly have not transitioned surgically or with puberty blockers. For example, someone is said to have transitioned if they use a different name or pronouns. This does not always mean physical changes that can be difficult to reverse. Published research indicates that for younger children (primary school

age) who make transgender statements, quite a lot detransition. However, what this means is that these younger children have been able to safely explore their identity, with the support of a Gender Identity Clinic, without making any irreversible decisions that they may later regret. For older younger people (aged 16+) the rate would be much lower.

It is difficult to come up with a firm figure on how many detransition before age 18 in Guernsey, as there are some that detransition after age 18 and some who are discharged by CAMHS and then detransition later.

If a young person detransitions they will often require psychological therapy or consultation. If support is required from HSC services on-Island, this would be provided within existing resources at CAMHS and therefore funded within HSC's revenue budget.

9. Please confirm the intentions of the Committee in the light of the imminent closure of GIDS.

HSC are still referring young people to GIDS, but as with the UK we are awaiting the proposed NHS replacement services and development of regional hubs. As there are no private providers for under 18s, all young people and families are advised that the wait is likely to be long. For those who are aged 15 years and over, HSC are advising them that the wait might be so long that they will be over 18, and if that were the case they could be referred to the adult service as they near their 18th birthday. The London Transgender Clinic accept referrals for 17 year olds, provided that they are booked an appointment close to their 18th birthday.

10. Given the comments on social transition in the Interim Cass Review what is the Committee's view of the social transition of young people?

The Interim Cass Review (available here) supports the provision of the right, timely care for children with gender identity confusion, and recognises the significant mental health benefits where a young person is able to socially transition.

It is the Committee's view that all children and young people should be supported in life choices which support their mental health and wellbeing. This could include socially transitioning where appropriate.

11. Does CAMHS utilise the 'affirmative model', i.e. if a child says they are trans, does the service accept and affirm that the child is trans?

Every individual is treated with dignity and respect. Issues are explored with individuals, but professionals do not try to influence or control their choices. If someone is using the word 'trans' to refer to their feelings or thoughts staff tend to accept this as representing their

internal experience, but if they use the word to refer to more objective situations (e.g. biological sex) there would be respectful challenge.

ADULTS
Questions

1. **What number of adults (over the age of 18 years old) have been seen by Mental Health services in the last 10 years who are presenting with gender identity issues? Please present this figure split by natal sex.**

As with question one relating to children above, data is only presented for those individuals where they have been diagnosed and referred. Since 2013, 45 adults have been referred by Mental Health Services to either the adult NHS Gender Identify Clinic (GIC) or the private London Transgender Clinic. 20 adults were female to male and 25 were male to female.

2. **In your response to the 2022 FoI request, you state that detransition is thought to be 1% in adults. Please can you give your sources for this estimation.**

This statistic was quoted in the *Keira Bell vs Tavistock* case which can be found here.

3. **Will the Committee fund medical, mental health, and surgical and other revision procedures for any person who has availed themselves of the gender services available through HSC who may subsequently wish to detransition?**

De-transitioning is more of a social issue than one of surgery, but this would be supported if the individual was in need of HSC care.

4. **What services are available for adults wishing to detransition and are there currently any patients using these services, if so how many?**

We have not seen any service users in this category.

5. **What is the budgeted cost to the Committee *for* Health & Social Care of the provision of services to people who would request medical, surgical or other revision procedures, including mental health support, within this policy?**

The budgeted Off-Island cost for 2023 for gender identity services (but currently only available to adults) is £141,240.

As above, where needed, support provided directly by HSC will be provided and funded from within existing revenue resources.

6. How many referrals do you expect to make each year to the London Transgender Clinic?

It is not possible to predict how many off-island referrals will be made in future. Presently HSC is seeing a new referral about every five to six weeks, and, as at 7th March 2023 there had been 3 referrals since the start of the year. However, it is anticipated that referrals will increase year on year as people become more comfortable with expressing their gender.

It is also acknowledged that there is an initial bottleneck of individuals who have been awaiting this service development, which is likely to settle in the coming years.

7. According to its website, The London Transgender Clinic operates in accordance with WPATH Standards of Care. Does the Committee wholly endorse the WPATH Standards of Care?

At a clinical level HSC endorses the spirit of WPATH but it also has its own policy for individuals in Guernsey which has been in place for around eight years and forms the basis of the SLA with the LTC.

The overall goal of the WPATH Standards of Care is to provide clinical guidance for health professionals to assist transsexual, transgender, and gender nonconforming people with safe and effective pathways to achieving lasting personal comfort with their gendered selves, in order to maximize their overall health, psychological well-being, and self-fulfilment. However, the guidelines themselves acknowledge that they are flexible and adaptable to different situations.

The treatments funded for Guernsey and Alderney residents are covered in the HSC Gender Policy, which has just been updated to reflect the change of provider.

Date of receipt of questions: 16th February 2023
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