NHS

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.

6 December 2023

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

2. Brief summary of the proposal in a few sentences

NHS England has developed a proposed service specification that, if adopted, describes the approach for (a) access onto the waiting list for Gender Incongruence Services for Children and Young People; and (b) management of the national waiting list for Gender Incongruence Services for Children and Young People. This includes:

Access to the waiting list – Changing current access arrangements so that referral rights are held only by certain secondary-level NHS services; and a minimum age threshold of 7 years and maximum age threshold of 16 years for new referrals.
Management of the waiting list – Reflecting current approach for young people who reach 17 years while on the waiting list, that such individuals are removed from the waiting list of the CYP gender service, and for them to consider with their GP whether a referral to an NHS-commissioned Gender Dysphoria Clinic for adults is appropriate for the individual - as an interim measure until waiting times to the service are stabilised.
Role of local health services – Process for consideration of whether a referral should be made of an individual child or young person, including role of primary care, and role of local child and young person mental health services and general paediatric services.
Interaction between the new Gender Incongruence Services and local health services – Establishing a new referral consultation role through the service offered by the Phase 1 providers to help referrers support children and young people and families, and to determine suitability of a referral to the specialist Gender Incongruence Service.
National Referral Support Service – Reflecting current operational practice, which is for NHS Arden & GEM Commissioning Support Unit to manage a National Referral Support Service that will receive and process new referrals to the CYP Gender Incongruence Services; manage the existing waiting list; and transfer children and young people from the waiting list to one of the new providers of Gender Incongruence Services when they approach the top of the waiting list.

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".* It is not possible to extrapolate a reliable prevalence figure for children and young people aged 17 years and below from this data.

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 (Appendix A).

Table: Patient Numbers

Patient Cohort	**Number**	**Commentary**
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)	177 per month	Average figure; based on 2023/24 referral rates, April to June 2023
Number of children who are referred onto the waiting list below the age of 7 years	3 per month	Average figure; based on referrals between July 2021 and July 2023
Total number of children below 7 years of age on the waiting list	25	As at 31 October 2023
Number of young people who are referred onto the waiting list at age 17	6 per month	Average figure; based on referrals between July 2021 and July 2023
Number of young people who are on the waiting list and who are 17 years of age as at November 2023	303	

Number of young people who are on the waiting list and who will attain 17 years of age between 1 April 2024 and 30 September 2024	1090	
Total number of children and young people on the waiting list as at 31 October 2023	6127	

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: • *Changing access arrangements so that there is a minimum age threshold of 7 years for new referrals*	

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
	Currently there is no minimum age threshold, and children as young as four years of age have been referred into the Tavistock GIDS. Adoption of the proposal would mean that children who are aged 6 years and under would not be referred to the new service. 1.3% of referrals to the current service are of children aged 6 years and under (Appendix A). 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. There are concerns the absence of a minimum age threshold could result in unnecessary and inappropriate referrals being made. For example, we know that showing an interest in clothes or toys of the opposite sex- or displaying behaviours more commonly associated with the opposite sex- is reasonably common behaviour in childhood and is usually not indicative of gender incongruence. On the other hand, some people would argue that there should	For the avoidance of doubt, young people who are seen by the CYP gender incongruence service may remain under the care of the service until their 18th birthday in accordance with NHS England's published interim service specification for the CYP Gender Incongruence Service[1].

[1] For young people for whom a transfer of care is made from the current GIDS to an adult Gender Dysphoria Clinic, the transfer protocol agreed by GIDS and the adult clinics requires the transfer to be effected within 3 months of the young person's 18th birthday.

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
	not be a minimum age threshold on the grounds that expert NHS support should be available to any child experiencing gender distress. Furthermore, they would argue that having no minimum age threshold may also provide 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. Having carefully considered these different perspectives, for the purposes of public consultation a minimum age threshold of 7 years for referral into the service is being proposed as by this time children may have more developed their cognitive, comprehension and communication skills to an extent that they will be able to engage with health professionals in the process of an holistic clinical assessment and formulation, as described in the published NHS interim service specification. • *Changing access arrangements so that there is a maximum age threshold of 16 years for new referrals*	

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
	Currently the maximum age threshold for new referrals is the 18th birthday, though in practice young people approaching their 18th birthday are more likely to be referred to an adult Gender Dysphoria Clinic as the current GIDS is not commissioned to assess, diagnose or provide treatment to young people beyond their 18th birthday. Adoption of the proposal would mean that young people aged 17 years would not be added to the waiting list of the CYP gender service as new referrals. 6% of referrals to the current service are of young people aged 17 years (Appendix A). In view of the current waiting times for a first appointment (around 3 years) it is certain that a young person who is referred at 17 years will not be seen by the CYP service by the time of their 18th birthday. It is therefore reasonable and rational that such individuals are not added to the waiting list of the CYP gender service while waiting times remain this long – as otherwise an alternative referral to an adult gender service or other appropriate service would be delayed. Instead the proposal is that such individuals are advised to consider with their GP whether a referral to an adult gender dysphoria service is appropriate.	This approach is intended to be temporary while the national waiting list is stablised and waiting times reduced over time as new regional services (in addition to the Phase1 providers) are established over 2024 and 2025.

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
	• *Reflecting current operational practice that individuals who reach 17 years of age 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.* The current Gender Identity Development Service for Children and Young People managed by the Tavistock and Portman NHS Foundation Trust is not taking children or young people from the waiting list to start new assessments, and this is not expected to change during the period of transition to the establishment of new CYP gender services in April 2024. This means that anyone who currently is 17 years of age and on the CYP waiting list, or who reaches 17 years of age while on the CYP waiting list between July 2023 and March 2024 is either not likely to receive their first appointment by the time of their 18th birthday or, even if they were offered a first appointment some time from April 2024 onwards, the potential window for starting and concluding an assessment, formulation, diagnosis and care planning before their 18th birthday is greatly reduced. For this reason, it is reasonable and rational for young people who reach 17 years	

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
	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. • *Requirement for referrals to the CYP Gender Incongruence Service to be made via CYP mental health services or general paediatric services* Generally, the age threshold for access to CYP mental health services is 18 years, and to general paediatric services it is 16 years. These age thresholds are therefore consistent with those proposed for access to the waiting list of the CYP Gender Incongruence Service. The proposal does not discriminate against individuals who may share the protected characteristic of age.	
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 NHSE	

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
	does not have specific data from the current commissioned provider. 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 NHS-commissioned children and young people's service present 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]. 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	

[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

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
	constitute a 'disability' for the purpose of the Act. 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 (respondents were aged 16 years and above). The following elements of the proposed service specification may have a particular impact to individuals who share the protected characteristic of disability: - *Requirement for new referrals to the CYP Gender Incongruence 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 Gender Identity Development Service of children and young people who are the commissioning responsibility of NHS Wales 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 co-existing mental health	For those children and young people who are referred into the CYP Gender Incongruence Service, the proposed service specification states that the initial date of referral to the secondary care service will be used to determine the child or young person's position on the waiting list for the CYP Gender Incongruence Service – thereby mitigating risk of delays. The previous report of the independent analysis of responses to NHS England's public consultation on the interim service specification for the CYP

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
	issues, or who have autism or who are otherwise neurodiverse or who have other presentations. This arrangement helps to respond to the concerns of the Care Quality Commission about the lack of support or risk assessment around children and young people while they remain on the waiting list of the GIDS[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 Incongruence Services 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 / gender paediatric service whether to refer to the CYP Gender Incongruence Service.	Gender Incongruence Service highlighted concern from some stakeholders that a diagnosis of autism or neurodisability would prevent or delay a child or young person in being seen by the Gender Incongruence Service for Children and Young People. These comments were made in response to proposals to extend the professional disciplines within the gender incongruence service, though NHSE may surmise that some stakeholders may have similar concerns about the impact of the current proposals. 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 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 Gender Incongruence Service. NHS England has also published (April 2023) a new National Framework to Deliver Improved Outcomes in All-Ages Autism Assessment

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

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
	- *Changing access arrangements so that there is a maximum age threshold of 16 years for new referrals*	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 will be accompanied by improved guidance and *MindEd* psycho-education resources on gender incongruence in childhood and adolescence for local services and professionals that NHS England has commissioned through Health Education 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.

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
	Generally, the age threshold for access to CYP mental health services is 18 years, and to general paediatric services it is 16 years. These age thresholds are therefore consistent with those proposed for access to the waiting list of the CYP Gender Incongruence Service, and as such do not exclude any cohort of patients who may share the protected characteristic of disability. - *Review of the legacy waiting list* NHS England will continue to commission a clinical multi-disciplinary team to review of the waiting list – a collaboration between the NRSS and a directly commissioned multi-disciplinary team of clinicians with expertise in children and young people's mental health and gender incongruence. It will focus on those individuals on the waiting list that do not have an open CYP Mental Health access and will provide advice to GPs where the support of local services may be beneficial to the individual while they remain on the waiting list for the CYP Gender Incongruence Service. This proposal will particularly benefit those who share the protected characteristic of disability.	

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
	<u>Submissions made during stakeholder testing (August 2023) on the proposal that</u> referrals to the CYP Gender Incongruence Service to be made via CYP mental health services or general paediatric services - "Because of the difference in waiting times to access CAMHS and paediatrics, those who do not have mental health needs and who are referred by paediatrics will be seen more quickly". - "The EHIA neglects to consider the added wait that cisgender children and young people 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".	There may be differences in waiting times between CAMHS and general paediatric services generally, and between the different providers who deliver those services. NHS England does not have data to measure the impacts across different services, but the proposed service specification provides assurance that the National Referral Support Service will use the date of referral from primary care for the purpose of determining an individual's position on the waiting list for the CYP Gender Incongruence Service. The clinical rationale and benefits to the individual that will accrue though adoption of the proposal are set out in the proposed service specification and elsewhere in this EHIA. Children and young people who are referred to paediatric 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

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
		discrimination occurs and there is no indirect discrimination to anyone who may have a protected characteristic.
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 their outward manifestation, and upon the appropriate treatment that may be offered	

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

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
	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: • *Requirement for referrals to the CYP Gender Incongruence Service to be*	

[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.

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 This is the approach that is already adopted by NHS Wales in that all referrals to the Gender Identity Development Service of children and young people who are the commissioning responsibility of NHS Wales are made via CYP mental health services. Currently, around 65% of referrals into the Gender Identity Development Service are made by GPs, and around 5% of referrals are made by non-health professionals. Under the proposals, in the future all referrals would have to be made via CYP mental health services or general paediatric services. The previous report of the independent analysis of responses to NHS England's public consultation on the interim service specification for the CYP Gender Incongruence Service (held between October and December 2022) highlighted concern from some respondents about proposed restrictions on current referral sources (though the consultation at that time did not include a proposal to remove GP referrals); the report reads: …"*some pointed*	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 Incongruence 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 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. Adoption of the proposal will be accompanied by improved guidance and psycho-education resources for local services and professionals, as described in the proposed service specification. Additionally, NHS England has commissioned Health Education England to deliver on-line MindEd resources directed at

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
	out that it would be likely that there was a valid and good reason why 5% of children and young people had been referred from outside the NHS – for example, they may have a poor relationship with their GP; have unsupportive parents and/or family or carers; have a living situation that precluded them from accessing local health services; or be part of a demographic group which tends to have historically lower rates of engagement with GPs and the NHS (i.e., they may be among the most vulnerable and unsupported). It was therefore felt that referrals should continue to be accepted from schools, from teachers, from social and youth workers, and from other non-governmental organisations – from adults who knew the children well and who may be able to serve them more beneficially in certain circumstances than GPs and other NHS professionals". Similarly, the report also highlighted concern from some respondents about "…*the belief that in order to progress through the system in future, patients would need to "prove themselves to" or "convince" an increasing number of clinicians, whether or not the clinicians were necessary or desired, [and*	parents and local professionals, which were published in September 2023. It is not proposed that all referrals to the specialist Gender Incongruence Service would be made via CYP mental health services. Only those children and young people who meet the defined access threshold for the local mental health service would be referred through this route – and where there are mental health concerns it is appropriate that these children and young people are referred for assessment by mental health services in any event notwithstanding that waiting times to local mental health services will vary. Where mental health concerns are not present, the referral pathway into the gender incongruence service is through general paediatric 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
	this] led a significant number of Group A respondents to label the change as "gatekeeping" – that is, a purposeful obstruction designed to prevent children and young people from transitioning". Additionally, some respondents expressed concern that some GPs were "unsupportive" or "unsympathetic" and that they sometimes "placed barriers to access" to CYP gender services – and these concerns are relevant to the current proposals as it would be the GP who would decide whether to refer to CYP mental health services or general paediatric services.	It is unclear from the submissions made as to the reasons why, previously, a GP may have declined to make a referral to GIDS – which could be the GP properly exercising clinical judgment about the appropriateness of such a referral. Currently, around 65% of referrals into GIDS are made by GPs, and around 33% of referrals are made by secondary care services following a GP referral (total 98%). Of the remaining 2% of referrals (n=100 approx at 2022/23 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 GIDS, and none has been offered during stakeholder testing. The data that is available on referral sources into GIDS, particularly when considered alongside the data that shows a consistent significant increase in referrals to GIDS over the past ten years, does not, perhaps, support the assertion that this is a significant problem, and the submissions made do not explain why – should the new proposals be adopted - GPs would be unsupportive of a referral

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
	Some respondents also said that "services such as CAMHS were already failing to cope with the demands that had been placed on them". NHS England has considered these concerns in the context of the current proposals. CYP Gender Incongruence 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 Incongruence 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	to CAMHS or general paediatric services for the purpose of an assessment for suitability for referral to a gender incongruence service.

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
	and young people who are being 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 Incongruence 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.	
	• *Adoption of a pre-referral consultation service once the Phase 1 providers are operational* The aim of this service would be to offer early expert advice to referrers and local health	This proposal 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

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

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
	systems. The intent is that the Gender Incongruence Service for Children and Young People 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 previous report of the independent analysis of responses to NHS England's public consultation on the interim service specification for the CYP Gender Incongruence Service highlighted concern from some stakeholders 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".*	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 Incongruence 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 provided locally including with additional support and consultation by The Service*".

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
	• *Changing access arrangements so that there is a minimum age threshold of 7 years for new referrals* In the 2023 judgment[8] the High Court said that it was likely to be particularly true that very young children could not be treated as though they were proposing to undergo a process of gender reassignment as a class or cohort; and on that finding it is particularly uncertain whether the children who will be impacted by this proposal will individually hold the protected characteristic of gender reassignment. In any event, this approach may be justified within a safeguarding context on the grounds that, generally, children under 7 years of age could not be expected to have sufficiently developed their intellectual understanding of, and comprehension of, sex and gender to be able to understand the reasons for, and potential consequences of, a referral to a specialist gender incongruence service (including a comparison with the potential	

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

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
	consequences of not being referred to a specialist gender incongruence service); and they would generally not have sufficiently developed their language and communication skills to be able to engage with health professionals in a process of clinical assessment and formulation. • *Changing access arrangements so that there is a maximum age threshold of 16 years for new referrals* Adoption of this proposal would mean that young people who are aged 17 years, many of whom may share the protected characteristic of gender reassignment, would not be added to the waiting list of the CYP Gender Incongruence Service. However, alternative NHS provision is available, as the terms of NHS England's published service specification for adult Gender Dysphoria Clinics, which was agreed as an outcome of public consultation, and which sets out an age threshold of 17 years. 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.	

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
	• *Reflecting current operational practice that individuals who reach 17 years of age 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.* Adoption of this proposal would mean that young people who are on the waiting list for the CYP Gender Incongruence Service and who reach 17 years of age, many of whom may share the protected characteristic of gender reassignment, would be removed from the waiting list of the CYP Gender Incongruence Service. However, alternative NHS provision is available, as the terms of NHS England's published service specification for adult Gender Dysphoria Clinics, which was agreed as an outcome of public consultation, and which sets out an age threshold of 17 years. 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 the	

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
	purpose of determining their place on the adult waiting list. This approach 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. Such 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 seven[9] NHS Trusts that deliver the adult gender services and is not available to NHS England.	
Marriage & Civil Partnership: people married or in a civil partnership.	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposed interim service specification does not have any significant	

[9] NHS England commissions 8 adult gender dysphoria services but one of them, at Chelsea and Westminster Hospital NHS Foundation Trust, does not hold a waiting list as it takes patients from the waiting list of the adult gender clinic at the Tavistock and Portman NHS Foundation Trust.

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
	impact on individuals who may share this protected characteristic.	
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposed interim service specification does not have any significant impact on individuals who may share this protected characteristic.	
Race and ethnicity[10]	Table: Children and young people referred to the current commissioned service between July and December 2022[11] (table below)	

GIDS: Q2 & Q3 Referred Patient Ethnicities

Ethnic Group	*Count*	*%*
Any Other Ethnicity	**3**	*0.6%*
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%*

[10] 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.

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

<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>
<table>
<tr><td>Not Stated – Client Unable to Choose</td><td>152</td><td>30.5%</td></tr>
<tr><td>Other Ethnic Group – Chinese</td><td>1</td><td>0.2%</td></tr>
<tr><td>White – Any Other Background</td><td>11</td><td>2.2%</td></tr>
<tr><td>White – British</td><td>200</td><td>40.2%</td></tr>
<tr><td>White – Mixed White</td><td>2</td><td>0.4%</td></tr>
<tr><td>White – Polish</td><td>2</td><td>0.4%</td></tr>
<tr><td>Blank</td><td>100</td><td>20.1%</td></tr>
<tr><td>TOTAL</td><td>498</td><td></td></tr>
</table>

Analysis of ethnicity data from the Tavistock and Portman NHS Foundation Trust remains challenging given the (historically) high number of individuals for whom ethnicity data is not recorded or not available (50.8% of patient records according to the above table). Of the data available, the highest proportion of individuals are “White” which accords with previous NHS analyses of individuals accessing gender dysphoria services.

A 2022 publication[12] reported that the majority of young people seen at 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
</td><td></td></tr>
</table>

[12] 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
	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. • *Requirement for referrals to the CYP Gender Incongruence Service to be 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	NHS England's new interim service specification for CYP Gender Incongruence 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.

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
	users[13]. 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.	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. 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.
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	

13 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
	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	At current referral patterns 69% of referrals to the current commissioned service are of natal females and 31% are of natal males[14]. 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	The terms of reference for the Cass Review include *"exploration of the reasons for the increase in referrals and why the increase has disproportionately been of natal females, and the implications of these matters".* NHS England's new interim service specification for CYP Gender Incongruence Services (published June 2023) describes the importance of building research capabilities for the purpose of continuous quality improvement initiatives. Also, in 2019 the 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

[14] 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
	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 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*	behind the increasing trend of referrals of adolescents to NHS gender dysphoria service. Working with the new configuration of service providers and academic partners, NHSE will consider how to use the outcome of this research to inform its future approach to the commissioning of these services.

<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>and social situations and social contagion had played a part in this trend”.</td><td></td></tr>
<tr><td>Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.</td><td>We do not hold data on the sexual orientation of individuals who are referred to or seen by the NHS commissioned service. A large UK-wide study in 2012 (Trans Mental Health Study) reported the following in regard to respondents <u>who were aged 18 years and above</u>:

<table>
<tr><th>Sexual Orientation</th><th>N</th><th>Percentage</th></tr>
<tr><td>Bisexual</td><td>145</td><td>27%</td></tr>
<tr><td>Queer</td><td>126</td><td>24%</td></tr>
<tr><td>Straight or heterosexual</td><td>104</td><td>20%</td></tr>
<tr><td>Pansexual</td><td>79</td><td>15%</td></tr>
<tr><td>BDSM/Kink</td><td>73</td><td>14%</td></tr>
<tr><td>Lesbian</td><td>69</td><td>13%</td></tr>
<tr><td>Not sure or questioning</td><td>64</td><td>12%</td></tr>
<tr><td>Other</td><td>59</td><td>11%</td></tr>
<tr><td>Don’t define</td><td>55</td><td>10%</td></tr>
<tr><td>Gay</td><td>51</td><td>10%</td></tr>
<tr><td>Polyamorous</td><td>46</td><td>9%</td></tr>
<tr><td>Asexual</td><td>41</td><td>8%</td></tr>
</table></td><td>NHS England’s new interim service specification for CYP Gender Incongruence 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. 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, NHSE will consider how to use the outcome of this research to inform its future approach to the commissioning of these services.

The Cass Review has said that in forming further advice to NHS England it is considering further the complex interaction between sexuality and gender identity, and societal responses to both – the Review’s Interim Report (2022) cited the example of “young lesbians who felt pressured to identify as transgender male, and conversely transgender</td></tr>
</table>

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
	Total **912** • Percentage figures exceed 100% as respondents were able to select multiple answers 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. 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	*males who felt pressured to come out as lesbian rather than transgender*".

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
	(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[15]	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	NHS England's proposed interim service specification 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.

[15] Please note many groups who share protected characteristics have also been identified as facing health inequalities.

Groups who face health inequalities[15]	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
	young people with gender incongruence[16].	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 general 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 NHSE 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 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.	• A person's ability to consent to something depends on them having access to good information tailored to their level of 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.

[16] Interim report of the Cass Review, 2022

Groups who face health inequalities[15]	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
	• As a submission made during the process of stakeholder testing (August 2023) the suggestion was made 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 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 people surveyed were registered with a GP.	• 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. • 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 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	

Groups who face health inequalities[15]	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
	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".	
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	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.

Groups who face health inequalities[15]	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
	regarding time and transport for meetings and appointments or may not be able to access information about the referral process.	
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 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	

Groups who face health inequalities[15]	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
	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 has been held on the Interim Service Specification for CYP Gender Incongruence Services (October to December 2022). A report on the independent analysis of submissions has been published (June 2023) including submissions on the supporting EHIA, and these submissions have been considered in the development of the current EHIA. A process of stakeholder testing was held in August 2023, and a report on the feedback received has been shared, and changes have been made to this EHIA in response to feedback received.		

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.	
Consultation and involvement findings	See response to (6) above.	
Research	Interim advice from the Cass Review, 2022 and 2023	
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

N/A

11. Summary assessment of this EHIA findings

The proposals will impact children and young people, many of whom are likely to share the protected characteristics of Age and Gender Reassignment. 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 general paediatric services will disproportionately impact children and young people of BAME heritage (and who will share the protected characteristic of Race and Ethnicity) will be closely monitored, including whether the mitigations described in this EHIA are effective.

NHS England is cognisant of the potential impacts and consequences as detailed in this EHIA and through a process of public consultation it will seek views on the impacts, consequences and proposed mitigations before making a final decision on whether to enact the proposals.

Appendix A

Age at referral

Age at referral based on 2021 and 2022 data

Age	Percentage
Up to 4 years old	0.3%
5 years old	0.3%
6 years old	0.7%
7 years old	1%
8 years old	0.7%
9 years old	1%
10 years old	2%
11 years old	3.5%
12 years old	7.5%
13 years old	13%
14 years old	20%
15 years old	22%
16 years old	22%
17 years old	6%