



Interim report

The Cass Review has submitted an interim report to NHS England, which sets out our work to date, what has been learnt so far and the approach going forward. The report does not set out final recommendations at this stage.

At present there is a single specialist service providing gender identity services for children and young people – the Gender Identity Development Service (GIDS) at the Tavistock and Portman NHS Foundation Trust.

In recent years GIDS has experienced a significant increase in referrals which has contributed to long waiting lists and growing concern about how the NHS should most appropriately assess, diagnose and care for this population of children and young people.

Key points – context

- The rapid increase in the number of children requiring support and the complex case-mix means that the current clinical model, with a single national provider, is not sustainable in the longer term.
- We need to know more about the population being referred and outcomes. There has not been routine and consistent data collection, which means it is not possible to accurately track the outcomes and pathways that children and young people take through the service.
- There is lack of consensus and open discussion about the nature of gender dysphoria and therefore about the appropriate clinical

response.

- Because the specialist service has evolved rapidly and organically in response to demand, the clinical approach and overall service design has not been subjected to some of the normal quality controls that are typically applied when new or innovative treatments are introduced.

Key points – moving forward

- Children and young people with gender incongruence or dysphoria must receive the same standards of clinical care, assessment and treatment as every other child or young person accessing health services.
- The care of this group of children and young people is everyone's business. Our initial work indicates that clinicians at all levels feel they have the transferable skills and commitment to support these children and young people, but there needs to be agreement and guidance about the appropriate clinical assessment process that should take place at primary, secondary and tertiary level, underpinned by better data and evidence.
- Addressing the challenges will require service transformation, with support offered at different levels of the health service.
- The Review's research programme will not just build the evidence base in the UK but will also contribute to the global evidence base, meaning that young people, their families, carers and the clinicians supporting them can make more informed decisions about the right path for them.

A fundamentally different service model is needed which is more in line with other paediatric provision, to provide timely and appropriate care for

children and young people needing support around their gender identity. This must include support for any other clinical presentations that they may have.

It is essential that these children and young people can access the same level of psychological and social support as any other child or young person in distress, from their first encounter with the NHS and at every level within the service.

The Review team will work with NHS England, providers and the broader stakeholder community to further define the service model and workforce implications.

At this stage the Review is not able to provide advice on the use of hormone treatments due to gaps in the evidence base. Recommendations will be developed as our research programme progresses.

↓ **Download the Interim report** (<https://cass.independent-review.uk/wp-content/uploads/2022/03/Cass-Review-Interim-Report-Final-Web-Accessible.pdf>)

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Cass Review

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