March 2022

The Cass Review Interim Report: The Significance for Schools

How the Cass Review Interim Report Impacts Schools and Educational Settings

Introduction

In Autumn 2020, NHS England and NHS Improvement commissioned a review of NHS services for children and young people under 18 who are questioning their gender, or who experience gender incongruence. The remit of the review was to evaluate how they are assessed, diagnosed and cared for. In March 2022, an interim report from this ongoing review was published, which has particular implications for school settings.

One of the reasons the Cass Review was deemed necessary was the huge rise in referrals to the Gender Identity Development Service, England's only gender clinic for under 18s[1]. From 2010 to 2020 there was a 1891% increase in children and young people being referred to the service for assessment and treatment. In 2011/12 there was also an unexplained reversal of the sex ratio.

> "*This increase in referrals has been accompanied by a change in the case-mix from predominantly birth-registered males presenting with gender incongruence from an early age, to predominantly birth-registered females presenting with later onset of reported gender incongruence in early teen years.*" (page 32, Cass Interim Report)

There has been an accompanying change in the care of these young people during this time, from a neutral, watchful waiting pathway to an active affirmative approach. However, there has been little long-term research into this group, and it remains to be seen whether the newer affirmative approach to their care is beneficial.

> "*It is also important to note that any data that are available do not relate to the current predominant cohort of later-presenting birth-registered female teenagers. This is because the rapid increase in this subgroup only began from around 2014-15.*" (Page 36)

Although the review was primarily concerned with NHS services, review lead Dr Hilary Cass, a paediatrician and former Chair of the Royal College of Paediatrics and Child Health, directly references the role of schools and discusses the impact of social transition. Social transition includes any changes a child or young person makes to signify that they wish to be treated as though they were the opposite sex, or outside

[1] https://gids.nhs.uk/number-referrals

the social expectations for their sex. This can include but is not limited to: changes to hair and clothing; changes to name and pronouns; wishing to use the changing, toilet or sleeping facilities reserved for the opposite sex; binding breasts or tucking genitalia to give the physical appearance of a member of the opposite sex or requests to be accomodated in single-sex sporting activities with the opposite sex.

We summarise key highlights of the report here, and outline how these may impact schools and their role in the day-to-day support of children and young people who question or are distressed about their gender.

Why did the Cass Review include the role of schools?

In her introduction, Dr Cass gives the context in which her review takes place:

> "*I have also been asked to explore the reasons for the considerable increase in the number of referrals, which have had a significant impact on waiting times, as well as the changing case-mix of gender-questioning children and young people presenting to clinical services.*" (Page 12)

It has become increasingly evident that children and young people who are distressed about their gender are often first expressing these feelings within an educational setting. Before seeking NHS or private medical services or support, students are embarking on social transition as a solution to their self-diagnosis, often supported fully by staff within schools and colleges. Schools are fast becoming a central player in the pathways taken by children and young people who are questioning their gendered experiences.

Dr Cass goes on to state that the "*important role of schools and the challenges they face in responding appropriately to gender-questioning children and young people*" **will be considered further** during the lifetime of the review (Page 47). The role that schools play has been raised from several different stakeholders in the review, not just parents:

> "*As with the comments made by service users, their families and support and advocacy groups, we have heard similar views from professionals about the transition from children's to adult services, and the* ***role of schools***." (Page 49, our emphasis)

Concerns about the impact of social transition

> "***Social transition*** *– this may not be thought of as an intervention or treatment, because it is not something that happens within health services. However, it is*

> *important to view it as an **active intervention** because it may have significant effects on the child or young person in terms of their psychological functioning. There are different views on the benefits versus the harms of early social transition. Whatever position one takes, it is important to acknowledge that it is **not a neutral act**, and better information is needed about outcomes.*" (Page 61, our emphasis)

Historically, children attending the Gender Identity Development Service at the Tavistock and Portman NHS Trust presented with distress over their sexed bodies but not yet having made any attempt at a social transition, barring perhaps minor changes to hair or clothing. They arrived at the clinic with their families looking for advice from mental health professionals as to how best to handle extreme gender non-conforming behaviours or distress over their sexual development. It was understood that the majority of these young people would mature into adults who were not transgender; many would grow up to be lesbian, gay or bisexual.

However, there has been a significant shift in both the initial presentation of these young people and the outcomes they desire. They are almost entirely socially transitioned on entry to the GIDS assessment process, partly because of the extremely long waiting lists and partly because of independent decisions by the children and their families to undertake a social transition and the facilitation of this in educational settings. There are now also significant numbers of children who arrive at GIDS looking for early medical interventions such as puberty blockers and cross-sex hormones.

> "*From the point of entry to GIDS there appears to be predominantly an affirmative, non-exploratory approach, often driven by child and parent expectations and the extent of social transition that has developed due to the delay in service provision.*" *(Page 17)*

Blindsided by the sudden explosion in numbers, many schools have followed the principles of child-led education and consented to children driving a social transition without a detailed understanding of the effect this may have on the trajectory of identity formation in that child or adolescent. **Social transition is an active intervention being undertaken with little clinical supervision and with insufficient understanding of long-term outcomes.**

> "*It is also important to note that any data that are available do not relate to the current predominant cohort of later-presenting birth-registered female teenagers. This is because the rapid increase in this subgroup only began from around 2014-15. Since young people may not reach a settled gender expression until their mid-20s, it is too early to assess the longer-term outcomes of this group.*" *(Page 36)*

In lockstep with the shift in the extent of social transition at presentation, there has been a clinical change in emphasis away from an exploratory, open-outcome pathway to an affirmative, intervention-orientated approach. The affirmative model is described in the report as one which:

> *"...originated in the USA which affirms a young person's subjective gender experience while remaining open to fluidity and changes over time. This approach is used in some key child and adolescent clinics across the Western world.*" (Page 78)

But this approach has been in direct competition with more established and developmentally-informed or exploratory pathways. There remains a lack of clear clinical consensus on the best approach to maximise positive outcomes while minimising short-term distress.

> "*Following directly from this is a spectrum of opinion about the correct clinical approach, ranging broadly between those who take a more gender-affirmative approach to those who take a more cautious, developmentally informed approach.*" (Page 47)

The Cass Review brings to the fore the concerns of some clinicians that this young cohort is being treated in a different way from any other that has come before. These clinicians argue that children's wishes are not being placed in developmentally appropriate frameworks that address the individual child's needs. Indeed, clinical staff express fear of reprisals from their governing bodies for questioning the new, affirmation-only approach.

> "*Some secondary care providers told us that their training and professional standards dictate that when working with a child or young person they should be taking a mental health approach to formulating a differential diagnosis of the child or young person's problems. However, they are afraid of the consequences of doing so in relation to gender distress because of the pressure to take a purely affirmative approach. Some clinicians feel that they are not supported by their professional body on this matter.*" *(para 4.2)*

Similar pressure is being placed on educational establishments to follow an affirmation approach, with little or no consideration of how the individual child may have arrived at the point of questioning their gender, nor whether the approach is right for this particular child.

The role of developmental stages

> "*It is not unusual for young people to explore both their sexuality and gender as they go through adolescence and early adulthood before developing a more settled identity.*" (Page 27)

Adolescents go through a huge and fundamental shift in their development during which their identity, personality and sexuality are ever evolving. In the current social climate, where children experience significant elements of their adolescence through the lens of social media, undue influences on young people are arguably greater than ever. Children and young people come under immense external pressure to choose from an ever increasing list of identity labels. The Cass Review emphasises that gender identity is likely to be subject to the same level of changeability as other aspects of the self and this needs to be borne in mind when schools are planning policies and environments.

> "*...some children and young people will remain fluid in their gender identity up to early to mid-20s, so there is a limit as to how much certainty one can achieve in late teens. This is a risk that needs to be understood during the shared decision making process with the young person....Since young people may not reach a settled gender expression until their mid-20s, it is too early to assess the longer-term outcomes of this group.*" (Page 36)

Autism, Neurodiversity and Co-morbidities

> "*In addition, approximately one third of children and young people referred to GIDS have autism or other types of neurodiversity.*"

Along with the rise in absolute numbers, the prevalence of co-morbid conditions is higher for this new population of gender-questioning young people. Dr Cass draws attention to the cohort of young people who may have multiple diagnoses, including neurodiverse conditions:

> "*As previously indicated, the epidemiology of gender dysphoria is changing, with an increase in the numbers of birth-registered females presenting in early teens. In addition, the majority of children and young people presenting to GIDS have other complex mental health issues and/or neurodiversity. There is also an over-representation of looked after children.*" (Para 5.9)

Schools are having to take more active roles in supporting many children with a variety of diagnoses which can impact their school life and education. It is important to ensure

that these other conditions and safeguarding issues are not overlooked in favour of simple explanations which situate gender identity issues as the sole cause of a young person's difficulties. Not fully accounting for or dealing with other factors could cause significant harm. Dr Cass highlights the contrast between the approach the UK clinics have taken, and those of other countries, in which other diagnoses are given significant priority.

> "*However, the Dutch Approach differs from the GIDS approach in having stricter requirements about provision of psychological interventions. For example, under the Dutch Approach, if young people have gender confusion, aversion towards their sexed body parts, psychiatric comorbidities or Autism Spectrum Disorder (ASD) related diagnostic difficulties, they may receive psychological interventions only, or before, or in combination with medical intervention.* " (Page 32)

Schools and educational settings are well aware that having any of these diagnoses may bring additional challenges, not least of which is appropriate communication with those who have differences in social and emotional interactions or behavioural difficulties. Dr Cass refers to the statements of parents:

> "*Parents have also raised concerns about the vulnerability of neurodiverse children and young people and expressed that the communication needs of these children and young people are not adequately reflected during assessment processes or treatment planning.*" (Page 46)

As parents, we agree that ignoring or minimising the impact of co-morbidities including neurodiversity, mental health issues, trauma or bullying, is to do a disservice to these young people. Dr Cass has described the need for NHS services which take account of all these factors, and schools will need to do likewise.

> *"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.*" (Page 69)

In Summary

- Social transition is not a neutral act, but an active intervention
- There are concerns over the impact social transition may have on the subsequent developmental pathway for a child or adolescent with gender distress
- Co-morbidities must be given greater consideration
- The role of schools will be subject to greater scrutiny by the Cass Review

The Way Forward

> *"Assessments should be respectful of the experience of the child or young person and be developmentally informed. Clinicians should remain open and explore the patient's experience and the range of support and treatment options that may best address their needs, including any specific needs of neurodiverse children and young people." (Page 71)*

The Cass Review's research and information gathering is ongoing, but they have made it clear that changes to current service provisions will have to be made. Schools play a fundamental role in facilitating the steps a young person may take towards social transition and, as a consequence, they will be coming under closer scrutiny. Schools will need to be prepared to hold open, neutral spaces which neither encourage nor discourage any outcome. They will need to work together with parents to ensure that co-existing diagnoses or difficulties are fully understood, supported and considered as a contributory factor, before contemplating any form of social transition - which the Cass Review has described as an active intervention, not a neutral act.

It is essential that any members of educational staff who are responsible for drafting school policies or providing pastoral support read the interim report from the Cass Review in full and consider the implications for individual schools.

Further Reading

Interim Report - Cass Review
https://cass.independent-review.uk/publications/interim-report/

Cass H. Review of gender identity services for children and young people BMJ 2022; 376 :o629 doi:10.1136/bmj.o629

About Us

In autumn 2019 three parents of gender distressed adolescents who had met online decided to meet in person. At our first meeting in October of that year, we became a group of twenty-five mums and dads, and by 2022 Bayswater Support Group had a membership of over 400 parents concerned about their children and adolescents.

We provide evidence and experience-based peer support for parents with trans-identified children, and we offer informed advocacy and education for schools, government and NHS services. We aim to support the family unit and child by taking an exploratory, open-ended approach to resolving issues related to gender distress, without presenting the concept of transition (social, medical or surgical) as the primary solution to the distress.

We have members in all regions of England and in Wales, Scotland, Northern Ireland and the Republic of Ireland. Our members are overwhelmingly parents whose children are adolescents or young adults. They are at different stages of gender transition, and have diverse experiences of schools and NHS services.

Please see our website for further information, or get in touch directly via email.

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