Response submitted to NHS consultation on the Revised Service Specification

Revised Service Specification for NHS Children and Young People's Gender Service (March 2025 Draft)

April 2025

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Introduction

About Our Duty

Founded in 2018, Our Duty is a parent-led organisation advocating for the safeguarding of children and adolescents who experience transgender ideation, which we define as the belief that one is or should be the opposite sex. With over 3000 members across more than thirty countries, we reject medical interventions that imitate the opposite sex as treatments for this ideation. Instead, we promote the role of parents and the psychosocial interventions aimed at preventing and resolving transgender ideation, prioritising long-term health and wellbeing. Our Duty challenged practices at the Tavistock and Portman NHS Foundation Trust in 2019 and continues to advocate for evidence-based, non-medical approaches to adolescent distress.

How we have approached this response

This response evaluates the revised service specification through the lens of adolescent safeguarding, focusing on whether it protects children and young people from unnecessary medical harm arising from transgender ideation. We define adolescents as individuals from puberty onset to age 25, consistent with neurodevelopmental research and the Cass Review's recommendations. Our response aligns with the Cass Review's call for holistic, safe, and effective care. We try to use language that avoids implying a medical basis for ideological beliefs.

We test the specification against the question: Does it ensure children and adolescents are safe from harm caused by transgender ideation? Our answer remains “No,” though we acknowledge progress in aligning with the Cass Review. However, it is inappropriate that our submission made in 2022 for the Interim Service Specification has been ignored given our unrivalled experience and expertise in this field.

General observations

Before addressing the specific consultation questions, we have some general comments about the NHS proposals:

Objectives

The revised service specification lacks clearly defined healthy outcomes. Effective healthcare prioritises long-term wellbeing over short-term relief of distress. The specification should explicitly target:

Desistance from transgender ideation, recognising it as a transient phenomenon in many cases, particularly pre-puberty (Cass Review, 2024).

Identification and resolution of underlying factors, such as mental health issues, neurodevelopmental conditions, or social pressures, which often contribute to ideation.

Prevention of iatrogenic harm, avoiding irreversible medical interventions with limited evidence of benefit (NICE, 2020).

Obtaining and clearly documenting the informed consent of all necessary parties for any medical interventions or social transitions.

Each proposal should be justified against these outcomes, with data collection designed to support longitudinal studies on desistance and detransition.

Service Name

The service name, “NHS Children and Young People’s Gender Service,” is inappropriate. It legitimises “gender” as a medical condition, reinforcing the ideological construct of “gender identity.” As the Cass Review notes, “gender incongruence” is not a diagnosable pathology but a subjective experience often influenced by social and psychological factors. Naming the service after “gender” risks cementing ideation in patients’ minds and pathologising normal developmental exploration.

We propose renaming the service “Ideation Clinics for Children and Young People”. This reflects that transgender ideation is one of many harmful ideations (e.g., suicidal or anorexic ideation) that manifest in adolescence. The term “ideation” is neutral, de-pathologises the experience, and aligns with the service’s focus on holistic assessment and psychosocial support.

Language

The specification's use of ideological terms like "gender," "gender incongruence," and "gender identity" is problematic (see Appendix). These terms lack scientific grounding and imply a fixed, innate attribute, contrary to the Cass Review's findings that gender-related distress is often multifactorial and transient. We use "transgender ideation" to describe the belief in being the opposite sex and "sex" instead of "gender" to maintain objectivity. For example:

Paragraph 5 (Summary): References to "gender incongruence" and "gender identity development" should be replaced with "transgender ideation" and "exploration of sex-based identity beliefs."

Paragraph 6.1 (Terminology): Definitions of "gender incongruence" (ICD-11) rely on subjective feelings, not medical evidence. "Transgender ideation" better captures the phenomenon without implying a diagnosis.

The specification must avoid language that validates ideological constructs, as this risks entrenching ideation and undermining therapeutic goals.

Cohort Differentiation and Age Range

The specification fails to adequately differentiate between pre-pubertal and adolescent cohorts, despite their distinct presentations (Cass Review, 2024). Pre-pubertal children (mostly male) often desist naturally, while adolescent ideation (predominantly female) is frequently linked to social contagion and mental health comorbidities. These differences require tailored pathways.

Critically, the specification's age limit of 18 is misaligned with the Cass Review's recommendation for services up to age 25, reflecting the prolonged neurodevelopmental phase of adolescence. Excluding 17–25-year-olds risks disrupting care continuity, especially as adult Gender Dysphoria Clinics focus on medical interventions, which are inappropriate for ideation-driven distress. We urge extending the service to age 25, integrating it with adolescent mental health services per the NHS Long-Term Plan (2019).

Understanding Adolescent Transgender Ideation

The specification shows little understanding of the aetiology of adolescent transgenderism, Our Duty has been studying this phenomenon for over seven years, and we commend our model of Transgender Ideation. Professionals must make themselves aware of the role played by *indoctrination* and *rumination* in the development of transgender ideation in adolescents. Moreover, there seems to be an assumption that medicalisation of such ideations should be a possibility despite mounting evidence of its inefficacy in the long-term resolution of dysphoric or incongruent feelings. There is no way of knowing who would benefit (if any genuinely do) from medicalisation, and emerging evidence points to no net benefit (Tabernacki et al, 2024) and high rates of desistance post medicalisation (Bachman et al, 2024).

Prioritising Prevention

The specification does not specify a strategy for prevention. All patient engagements must feedback into a mechanism designed to end the phenomenon of young people acquiring transgender ideation.

While susceptibilities, such as prior trauma, autism and same-sex attraction, are well documented, and some headway has been made in describing the role of peer influences (Littman, 2018), necessary efforts towards prevention of transgender ideation must address the ‘school to clinic’ pipeline. The confirmation of this problem will only come about with effective data collection that aims to develop a consensus on aetiology.

Building on Experience

There were 6 adult gender clinics that refused to supply the Cass Review with data that could have informed the development of services for adolescents. Noteworthy is the fact that over 70% of patients registered with the adult services were under 25 in 2022. The withholding of this data is in all likelihood due to it being seen by the ideological staff at the adult clinics as being unhelpful to their ideology. This data must be analysed and sensible conclusions and hypotheses drawn from it. Persisting with the application of clinically unjustified harm while knowing that a body of evidence exists but has not been considered would appear to sensible observers as gross malpractice.

Risks to Effective Service Delivery

Ideological Capture

Despite progress, the specification risks perpetuating ideological capture within the NHS. Terms like “gender diverse” and “gender expression” (Paragraphs 8.2, 8.6) reflect the influence of gender identity ideology, which the Cass Review critiques as lacking evidence. Local services, such as CAMHS, remain vulnerable to ideological bias, as evidenced by past practices (e.g., Sussex CAMHS promoting Mermaids, 2022). Staff training must explicitly reject gender identity ideology, prioritising scientific understanding of sex and psychological health.

The specification’s reliance on former Tavistock staff or protocols (noted in the 2022 consultation guide) is concerning. The Cass Review identified systemic issues at Tavistock, including affirmation-driven care. New services must recruit clinicians free from ideological bias, with leadership committed to evidence-based practice. Governance structures are needed to avoid capture by activists in the future.

Safeguarding Adolescents

The specification’s approach to safeguarding is insufficiently robust. Transgender ideation often stems from social contagion, online grooming, or family dynamics (Cass Review, 2024). Risks include:

- Social affirmation: The specification's neutral stance on social transition (Appendix A) fails to discourage it, despite evidence that it may entrench ideation and increase medicalisation risk (Cass Review, 2024).

- Radicalisation: Transgender ideation in combination with online influences can lead to young people being radicalised; commonly (in our experience as parents) to the 'at risk' level of the Government's Radicalisation risk indicators.

- Unregulated prescriptions: While the refusal to assume responsibility for private prescriptions is welcome (Paragraph 8.2), the specification lacks a mechanism to report unregulated providers to regulatory bodies, leaving children vulnerable to harm.

- The increasing availability of "street drugs" and "DIY hormones" acquired by adolescents seeking medication for transgender ideation needs a robust handling protocol, too.

- Medical interventions: References to endocrine referrals (Paragraph 7.1) and puberty-suppressing hormones (Paragraph 8.2) are concerning, given NICE's findings of limited evidence for benefit and significant harms (2020). The specification must explicitly exclude these interventions for ideation-driven distress.

Safeguarding protocols must prioritise desistance, protect against external influences (e.g., transphobic bullying, online harm), and ensure clinicians assess parental influence on ideation without assuming alignment with the child's beliefs.

Responses to the Consultation Questions

1. Your name (optional)

Not provided.

2. Are you replying on behalf of an organisation?

Yes

3. Which organisation are you responding on behalf of?

Our Duty International Ltd.

4. What is the remit of your organisation?

Our Duty supports parents of children with transgender ideation, advocating for non-medical, evidence-based interventions to promote desistance and safeguard adolescents from harm. We seek to prevent iatrogenic harm from medical interventions and promote cultural change to address the social drivers of harmful ideations.

6. Have you read the revised service specification?

Yes.

7. Do you support the inclusion of the holistic assessment of needs?

Yes, partially.

The holistic assessment framework (Appendix A) is a step forward, aligning with the Cass Review's emphasis on multifactorial causes of distress. However, it risks being undermined by ideological language (e.g., "gender development") and insufficient focus on desistance as an outcome. Assessments must prioritise identifying underlying factors (e.g., autism, mental health issues, social contagion) and explicitly aim to resolve transgender ideation through psychological support, not affirmation.

8. If not, please explain why you do not support the inclusion of the holistic framework

While we partially support the framework, it must:

- Replace "gender-related distress" with "transgender ideation" to avoid pathologising.
- Explicitly discourage social transition, which may entrench ideation.
- Prioritise desistance over exploring "gender identity," which lacks scientific basis.

9. Do you have any comments on the policy regarding private prescriptions?

We support the policy of not assuming responsibility for medications initiated outside the service (Paragraph 8.2). However, it must be strengthened by:

- Mandating reporting of unregulated providers to regulatory bodies (e.g., GMC, CQC) to protect children from harm.
- Classifying breast binders as Prescription Only Medicines, given their health risks (e.g., respiratory issues).

- Offering robust psychosocial support to help children desist from ideation, reducing reliance on unregulated sources.

10. Please provide any additional comments on the revised service specification (in under 500 words)

The revised service specification makes progress by aligning with the Cass Review, particularly in adopting a holistic assessment framework and limiting medical interventions. However, it falls short in critical areas:

- Service Name: Rename to “Ideation Clinics” to avoid legitimising “gender” as a medical condition.
- Age Range: Extend services to age 25, per the Cass Review, to ensure continuity for adolescents with prolonged neurodevelopmental needs.
- Language: Eliminate ideological terms like “gender incongruence” and “gender identity,” using “transgender ideation” to reflect the psychological nature of the presentation.
- Safeguarding: Strengthen protocols to discourage social transition, report unregulated providers, and exclude medical interventions (e.g., puberty blockers, hormones) due to insufficient evidence (NICE, 2020).
- Outcomes: Define desistance from ideation as the primary goal, with data collection supporting longitudinal studies on desistance and detransition.
- Ideological Capture: Ensure staff training rejects gender identity ideology, recruiting clinicians with a scientific understanding of sex and adolescent development.

- Services for Desisters/Detransitioners: Include provisions for those who have resolved ideation or regret medical interventions, addressing their psychological and medical needs. The specification must prioritise prevention and resolution of transgender ideation, recognising it as a cultural and psychological phenomenon, not a medical condition. By addressing these gaps, the NHS can deliver safe, effective care that protects children and adolescents from harm.

11. Are there any other issues of equality or health inequalities not addressed by the EHIA?

Yes.

12. If yes, please explain

The EHIA overlooks inequalities affecting:

- Adolescents aged 17–25: Excluding this group risks disrupting care, particularly for those with complex needs (e.g., autism, mental health issues), who are disproportionately affected by ideation.

- Desisters and Detransitioners: The specification lacks provisions for those who resolve ideation or regret medical interventions, leaving them without tailored support.

- Females: The higher prevalence of ideation among adolescent females (Paragraph 6.2) requires targeted interventions addressing social contagion and peer influences, which the EHIA does not adequately explore.

- Neurodiverse Individuals: The high prevalence of neurodevelopmental conditions (e.g., autism) among those with ideation requires specialised pathways, which are not sufficiently addressed.

Appendix A – Instances of Problematic Language

- Paragraph 5 (Summary): “Gender incongruence,” “gender identity development” – replace with “transgender ideation,” “exploration of sex-based identity beliefs.”
- Paragraph 6.1 (Terminology): “Gender incongruence,” “gender identity” – use “transgender ideation” to avoid ideological constructs.
- Paragraph 8.2 (Pathways): “Gender expression,” “gender querying” – undefined and ideological; use “sex-based identity beliefs.”
- Paragraph 8.6 (Additional Requirements): “Gender diverse” – replace with “children with transgender ideation” to maintain neutrality.

References

Our Duty, **Response submitted to NHS consultation on the proposed Interim Service Specification Specialist Service for Children and Young People with Gender Dysphoria (Phase 1 Providers)** December 2022 [link]

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Cass, H. (2024). **Independent review of gender identity services for children and young people: Final report.** https://cass.independent-review.uk/home/publications/final-report/

Contacts

This publication and related safeguarding and parent support resources are available from our website.

Questions and comments regarding this publication may be addressed to: info@ourduty.group. We welcome your feedback.

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