

Recommendations from LGBT Youth Scotland.

What would be beneficial to children and young people on the waiting list?

Short term

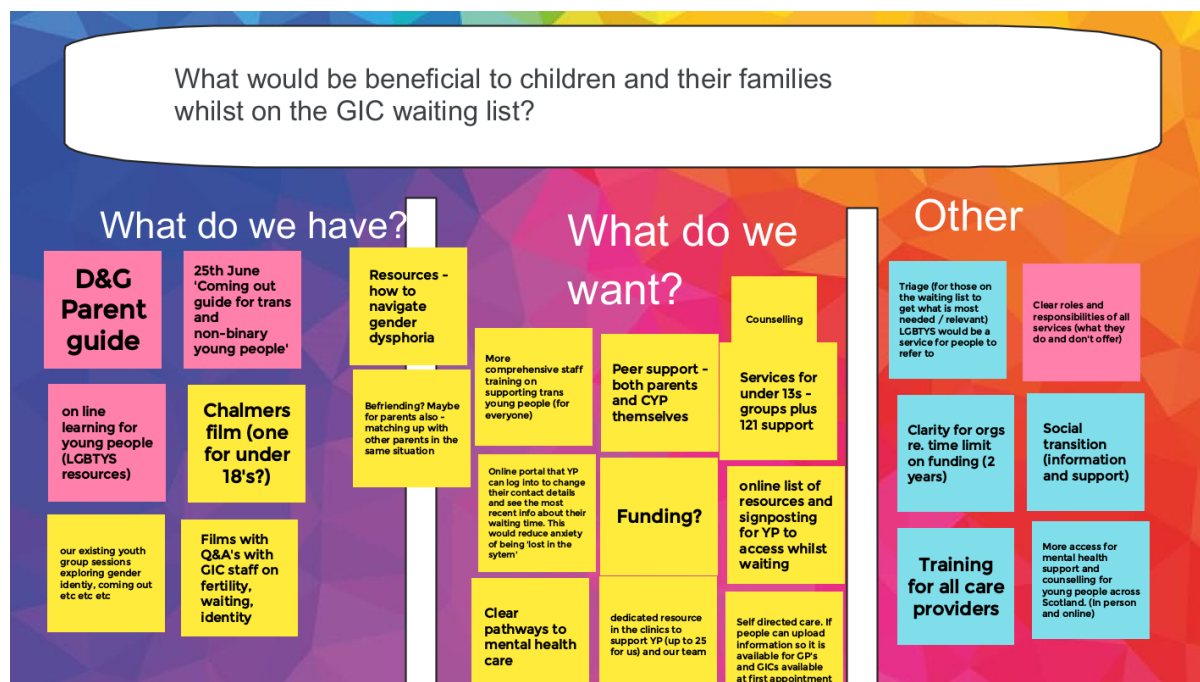
- Fund partnership work with the third sector and the Sandyford/ young people's services to provide interim person-centred support.
- Triage young people into appropriate services including NHS mental health services and third sector. This could be done by nurses.
- Provide information for young people (and their parents & carers) on the needs/ expectations for treatment in advance of their first meeting via resources and triage
- Update existing resources (the Sandyford leaflet) and information for children, young people and their parents and carers and those that support them. This should include information on:
 - information on timescales
 - the services provided
 - the importance of gender affirming care
 - reassuring in tone rather than a focus on assessment
 - a flow chart/roadmap drawing of what the assessment process looks like and who carries it out
 - interim support available including 3rd sector and trained counsellors
 - support available for under 13s and their parents and carers
 - information and links to support children and young people's wellbeing more broadly
- Provide practical support for parents/ carers and professionals as they will be providing much of the support in the interim (particularly for children and young people 12 and under on the waiting list). This could include:
 - Online advice sessions for parents and carers
 - Printed/ online resources targeted at parents and carers
 - Be badged as from the NHS/ Sandyford to provide credibility

- Ensure regular updates are provided and provide one point of contact for all children, young people and their families. This could be provided through nurses or additional admin support for clinicians
- In general, ensure young people's needs are considered in the review of the Gender Reassignment protocol, particularly considering the needs of non-binary young people

Medium to Long-term

- Create a long-term approach to create a national service for children and young people building on an evidence-based approach, the Cass Review and a trans affirmative approach
- Consider the role of Primary Care to deal with treatment following assessment, reducing the need to specialist clinicians
- Improve joined-up thinking between CAMHS and mental health services with referrals across services
- Long term funding for partnership work between the third sector and Sandyford following evaluation
- Consider the development of localised Gender Identity services to include services for young people and reduce travel for children, young people and families
- Training for Primary Care staff and school counsellors
- Website information on a wide range of topics to support children, young people, parents and families

Appendix 1: Initial discussion with LGBTYS, TransParentsees & LEAP Sports



Appendix 2: LGBT Organisation's Manifesto

NHS Boards and the Scottish Government consider the following:

- Ensure services have sufficient funding and staffing capacity to meet levels of demand
- Provide centralised crisis intervention funding to pilot new models of service delivery¹ outside existing gender identity clinics; new models should take a person-centred approach and aim to work with a wide range of healthcare professionals²
- Introduce the referral to treatment standards for accessing first appointments across all NHS gender identity services³

Appendix 3: A Gender Affirmative Care Model

A gender-affirmative care model (GACM) = developmentally appropriate care that is oriented toward understanding and appreciating the youth's gender

¹ <https://www.lgbtyouth.org.uk/media/2318/lgbtys-manifesto-2021-2026.pdf>

² Ibid

³ Ibid

experience. A strong, non-judgmental partnership with youth and their families can facilitate exploration of complicated emotions and gender-diverse expressions while allowing questions and concerns to be raised in a supportive environment.⁴ In a GACM, the following messages are conveyed:

- transgender identities and diverse gender expressions do not constitute a mental disorder;
- variations in gender identity and expression are normal aspects of human diversity, and binary definitions of gender do not always reflect emerging gender identities;
- gender identity evolves as an interplay of biology, development, socialization, and culture; and
- if a mental health issue exists, it most often stems from stigma and negative experiences rather than being intrinsic to the child.[27.33](#)

⁴ [Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents | Pediatrics | American Academy of Pediatrics \(aap.org\)](#)