

# Response ID ANON-DFFK-X215-B

Submitted to Referral pathway for specialist service for children and young people with gender incongruence

Submitted on 2024-03-19 16:25:50

## About you

1 In what capacity are you responding?

Other

If you have selected 'Other', please specify::

Local Healthwatch

2 Are you responding on behalf of an organisation?

Yes

If you have selected "Yes", which organisation are you responding on behalf of?:

Healthwatch Birmingham

## Referral pathway for specialist service for children and young people with gender incongruence

3 To what extent do you agree with the following point? Referrals to the waiting list may only be made by general paediatric services or CYP mental health services.

Somewhat disagree

Please provide comments (200 word max):

Broadening the capacity to refer beyond just general pediatric and CYP mental health services could ensure timely access to care for children with gender incongruence, especially if it's identified by other healthcare professionals. This approach could enhance inclusivity and address potential gaps in the referral process.

We are keen to see a reduction to as many barriers to people accessing the care they need as possible.

4 To what extent do you agree with the following point? Children under 7 years of age will not be added to the waiting list.

Agree

Please provide comments (200 word max):

Since gender incongruence in children under 7 is typically not considered urgent to be addressed medically and may also be subject to developmental changes, excluding them from waiting lists can help prioritise resources for those in more immediate need while ensuring appropriate assessment and care for younger children when necessary.

5 To what extent do you agree with the following point? Young people aged 17 years will not be added to the waiting list of the children and young people's gender incongruence service as a temporary measure in response to long waiting times.

Disagree

Please provide comments (200 word max):

Young people aged 17 are often in a critical stage of identity formation, and timely intervention for gender incongruence during this period can be crucial for their well-being. By including them on the waiting list, it acknowledges the importance of addressing their needs promptly and providing appropriate support and interventions. We are aware of the severe pressures to adult gender services, and are concerned that young people at 17 will then be denied access to appropriate services for several years as a consequence.

6 To what extent do you agree with the following point? Young people who reach 17 years of age while on the waiting list for the children and young people's gender incongruence service will be removed from the waiting list; they may seek a referral into the adult gender service with their original referral date into the CYP service honoured.

Disagree

Please provide comments (200 word max):

We are concerned about the severe delays a 17 year old will then face in accessing needed timely care, due to the severe pressures in adult gender services. Given that a young person needs to be able to meet with a suitable professional to even be referred in the first place, and the barriers and delays people face accessing both primary and secondary care to obtain that referral, it is likely a young person has already waited a long time for the care they need.

We are aware that there are similar tensions in mental health services when transitioning from youth to adult service, and would recommend models

such as Forward Thinking Birmingham where people are seen until 25 years old before transitioning to adult services be considered.

However maintaining their original referral dates honours their initial intent for seeking care and facilitates a smoother transition to adult gender incongruence services.

7 To what extent do you agree with the following point? The role of the pre-referral consultation service.

Agree

Please provide comments (200 word max):

The role of pre-referral is essential to evaluate the level of need of people, enabling them to optimise the use of resources.

8 Do you have any comments on any other element of the service specification - if so, please specify below in the text box below.

Do you have any comments on any other element of the service specification - if so, please specify below in the text box below.:

9 To what extent do you agree that the Equality and Health Inequalities Impact Assessment reflects the potential impact on health inequalities which might arise as a result of the proposed changes?

Agree

Please provide comments (200 word max):

The equality and inequality impact assessment is evidence based. By considering potential impacts on marginalized or vulnerable groups, the assessment aims to mitigate any unintended consequences and promote equitable access to healthcare services.