

Freedom of Information Act 2000 disclosure log entry

Reference

20-21241

Date sent

30/04/21

Subject

Paperwork for assessing GIDS patients

Details of enquiry

Please could you provide me with any blank copies of any standardised or non-standardised paperwork, scripts, outcome measures, assessments or interview documentation that you use when assessing patients in the GIDs clinic for children and adolescents.

Response Sent

Thank you for your request for information, which has been handled under the Freedom of information Act (FOIA).

Please find below documentation as requested.

For information, we also use some licenced materials, details below:

- SRS-2 (Social Responsiveness Scale 2) Available from WPS:
<https://www.wpspublish.com/srs-2-social-responsiveness-scale-second-edition>
- CBCL (Child Behaviour Checklist) Available from ASEBA:
<https://www.nctsn.org/measures/child-behavior-checklist-ages-6-18>
- YSR – Youth Self Report Available from ASEBA:
<https://www.nctsn.org/measures/youth-self-report-11-18>

As these documents are *Reasonably accessible to the applicant by other means*, we are not obliged to provide them under s.21 of the FOIA.

We are also engaging the exemption under s.43(2) of the FOIA, *Prejudice to the effective conduct of public affairs*. This is because the documents are licenced to the above organisations. We have carried out the public interest test and, whilst we appreciate the

current public interest in GIDS, these documents are protected by copyright, therefore, under the terms of our licence agreement we are obliged to protect the commercial interests of third parties so that their commercial interests cannot be exploited, for example, by reproducing the documents. We have therefore concluded that the public interest in maintaining the exemption is outweighed by the public interest in disclosure.

GIDS REPORT AND CARE PLAN

Date of report:

Date of birth:

Address:

NHS Number:

GIDS ID:

Brief Summary of Report

Referral Information

Gender Status

Assignment at birth

Current name, identification and pronouns

Legal name change?

Social transition partial/complete?

XX was assigned XX at birth and currently identifies as XX.....

XXX expresses a preference for this name and he/him/they pronouns and is known as such in XXX contexts. For the purpose of this report we will follow the GIDS convention and refer to XX by this name and he/she/they pronouns, whilst holding in mind that young people's preferences may change over time and that other people in the family may use other names and pronouns when referring to XXX.

XX is known as XX and lives as a male/female/other in all/certain context of his/her/their life.

XX legally changed his/her/their name by deed poll on XXX.

Summary of Work Undertaken with GIDS

XX and family were seen at the Tavistock Gender Identity Development Service (GIDS) by XX (XXX) and XX (XXX). The assessment was carried out over X appointments between XXX and XXXX 202X. *(Include any problems with attendance and DNAs.)*

The assessment aimed to understand XX's development and his/her/their feelings around his/he/their gender in the context of his/her/their family's background and his/her/their experiences.

Questionnaires were used to elicit details of how XX felt about his/her/their body, gender and feelings towards other people and to assess his/her/their general functioning.

X also had the opportunity to meet separately with one of us (XX) to consider these topics.

Summary of Gender Identity Development

Age of first presentation of gender concerns and how known, how expressed

Persistency, consistency - any uncertainty, ambivalence

Distress with body - which aspects, how intense

Experience of puberty

Social transition

Thoughts about fertility & physical transition

Developmental History

Birth

Developmental history and milestones – as relevant to gender identity development/care plan

Transition to nursery, school – as relevant to gender identity development/care plan

Personal and family events – as relevant to gender identity development/care plan

(Social services involvement may be relevant here if parenting was of concern)

Education

Learning and academic performance – as relevant to gender identity development/care plan

Behaviour, mental health within school

Relationships/bullying at school

Academic and career plans – as relevant to gender identity development/care plan

Peer Relationships

Sexuality, Sexual Experience, Intimate Relationships

Family

Parent relationships

Siblings and their relationships

Extended family – as relevant to gender identity development/care plan

Family Perspectives

Associated Difficulties

Mental health

Learning disability

Adverse experience (including abuse, trauma)

Risk/safeguarding

Experiences of bullying/harassment

Neuro-developmental conditions or features, including ASC

Other Agencies Involved

CAMHS, Social Care, school counselling, private therapist, private gender therapist etc.

Physical Health *as relevant*

Strengths and Resources

Current Medications

Further Reflections

AS GIDS clinicians, we offer some further reflections, following our exploratory sessions with X and family....

Features/Diagnosis of Gender Dysphoria

X presents with features (*OR - some but not all features*) of Gender Dysphoria (DSM5), such as:

- A. A marked incongruence between his/her/their experienced/expressed gender and assigned gender, of at least 6 months duration
- B. Clinically significant distress and/or impairment in functioning

It is important to note that a diagnosis represents a snap-shot in time, and is based on self-report. Therefore, a diagnosis now does not necessarily mean that someone will continue to meet criteria in the future, nor does it indicate any particular onward path or intervention. We also invite X to consider his/her/their own relationship to such a diagnosis – to think about whether it is helpful or unhelpful, and to what extent he/she feels it is necessary to label his/her/their experiences.

Discussion of Medical Interventions

We very carefully consider young people's requests to enter onto a medical pathway. The hormone blocker (GnRH) is an intervention that may limit possibilities, as well as help to manage distress and halt unwanted physical changes. We have discussed with X the kinds of support that can help him/her/their manage uncomfortable bodily feelings and gender incongruence in a non-medical way. There has been discussion of likely bodily experiences with *and without* the sex hormone.

In our sessions with X and family we have explained our staged approach to medical interventions and discussed the nature, purpose and possible consequences of the interventions we offer (and the prior and ongoing investigations required). We have also explored the consequences of not having the intervention.

Below we summarise the information that we have provided which has been fully discussed in sessions at GIDS.

Hormone blocker

The hypothalamic blocker temporarily halts the body's production of sex hormones and pauses pubertal development. At the present time this is considered to be physically reversible, in that if the blocker is stopped the production of sex hormones resumes, though the evidence base for potential side effects is limited.

Some of the more common reported effects of the hormone blocker which may or may not affect any individual include:

- reductions in bone density
- hot flushes
- weight gain
- lethargy
- a flattening or a drop in mood

- for assigned males, prevention of additional genital and scrotal growth (which may have eventual repercussions on the type of surgical procedure if that is requested)

There are also social-developmental implications because sex hormones contribute drive and energy: young people's sex drive and desire may be dampened by the removal of the sex hormones.

And there are emerging concerns about the implications for future genital surgery for assigned males at birth.

Any of these effects may make young people whose hormones are suppressed feel different to their peers. We do not yet fully understand the long term outcomes of hormone blockers. As a service, we have learnt that it may not be a neutral intervention; rather it may shape the trajectory of a young person and make it more likely that they will follow a particular path.

There is also potential for the blocker to affect fertility because sperm production can take 3-6 months to recover on stopping the blocker.

(X and family have also been informed that treatment with sex hormones leads to permanent and irreversible changes to the body and fertility and this is why this treatment is only considered at a later time when a young person has been on the hormone blocker for at least one year and is at a minimum around the age of 16 years.)

Referral to adult services

There is potential for referral to adult services from 17. Adult services do not require hormone blockade *before* providing sex hormones.

Fertility

AMAB VERSION: There is potential for the blocker to affect opportunities to preserve fertility because sperm production can take some time to recover on stopping the blocker and this may be unwelcome to X.

At GIDS we suggested that X considers taking steps to preserve their genetic material and we have explored with them pathways towards this.

If the blocker is stopped, the pre-programmed sex hormones will resume, although it is not possible to predict how long this will take. Some young people stop the blocker in order to enable gamete storage.

X has decided to take steps to preserve their fertility before starting on the blocker.

Consent, Capacity and Competence

- GIDS standard information on sex hormones has been given and discussed in a balanced, interactive and ongoing way on a number of occasions. Further such discussions will take place if X goes to the GIDS endocrine clinic.
- X and family are judged at this time to have sufficient understanding of what the hormone blocker will do, how it works, any side-effects, possible other impacts on

emotional and cognitive development, and impacts over a longer timeframe - as well as appreciating the possibility of as-yet-unknown impacts. In particular, X has considered the potential impact of the hormone blocker on genetic fertility and has had the opportunity to explore fertility preservation, with different pathways towards fertility discussed.

- X is assessed at this time as able to understand, retain, use and weigh the information we have provided, and to communicate their current treatment decision to others - and thus as having capacity. These discussions will be repeated if s/he goes to the GIDS endocrine clinic.

While we accept and support X in their gender identification, we will continue to think with him/her/they about multiple pathways in which he/she/they may express his/her/their identity, while considering the unknowns in the future. We will continue to encourage X to research multiple and diverse stories about people's gender and sexual identities and expression, and to increase awareness of the opportunities and limitations of physical interventions in order to continue to make informed decisions.

Care Plan

Our recommendations for future care of X are as follows:

1. Continued monitoring with GIDS...
2. Local support groups...
3. CAMHS...
4. Referral to adult services...
5. Referral to our Paediatric Endocrinology Liaison Clinic for a physical assessment and consideration for hormone blocking treatment. This is a treatment which temporarily halts the production of sex hormones thus preventing further pubertal development. It is, as far as we are aware, largely reversible and gives the young person time to think about their future free from the pressure of further pubertal development.
6. Referral to other services
7. Referral to fertility clinic
8. X to attend sessions of our Young Persons' Group, which is held XX...
9. Discharge...

Shared Care

We have spoken to XX and parents/carers about the need to meet with XX's GP to ensure that, hypothetically at least, he or she would be supportive of prescribing and administering hormone blocking medication under our Shared Care protocol.

Young Person and Parent/Carer's Comments on this Initial Report

GIDS Clinician Name

Job title

Cc

Private and Confidential

BODY IMAGE SCALE

Name

Date Completed:

Please circle the number which best expresses your feelings about the item mentioned as it applies to you. Then **only if you have circled #3, #4, or #5**, answer **Yes or No** whether you have considered and might want a change if it was possible through medical or surgical treatment.

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Change?
1. Nose	1	2	3	4	5	Yes / No
2. Shoulders	1	2	3	4	5	Yes / No
3. Hips	1	2	3	4	5	Yes / No
4. Chin	1	2	3	4	5	Yes / No
5. Calves	1	2	3	4	5	Yes / No
6. Breasts	1	2	3	4	5	Yes / No
7. Hands	1	2	3	4	5	Yes / No
8. Adam's apple	1	2	3	4	5	Yes / No
9. Vagina	1	2	3	4	5	Yes / No
10. Height	1	2	3	4	5	Yes / No
11. Thighs	1	2	3	4	5	Yes / No
12. Arms	1	2	3	4	5	Yes / No
13. Eyebrows	1	2	3	4	5	Yes / No
14. Clitoris	1	2	3	4	5	Yes / No
15. Waist	1	2	3	4	5	Yes / No
16. Muscles	1	2	3	4	5	Yes / No
17. Buttock	1	2	3	4	5	Yes / No
18. Facial hair	1	2	3	4	5	Yes / No
19. Face	1	2	3	4	5	Yes / No
20. Weight	1	2	3	4	5	Yes / No
21. Biceps	1	2	3	4	5	Yes / No
22. Ovaries/Uterus	1	2	3	4	5	Yes / No
23. Hair	1	2	3	4	5	Yes / No
24. Voice	1	2	3	4	5	Yes / No
25. Feet	1	2	3	4	5	Yes / No
26. Figure	1	2	3	4	5	Yes / No
27. Body hair	1	2	3	4	5	Yes / No
28. Chest	1	2	3	4	5	Yes / No
29. Appearance	1	2	3	4	5	Yes / No
30. Stature	1	2	3	4	5	Yes / No

BODY IMAGE SCALE

Name

Date Completed:

Please circle the number which best expresses your feelings about the item mentioned as it applies to you. Then **only if you have circled #3, #4, or #5**, answer **Yes or No** whether you have considered and might want a change if it was possible through medical or surgical treatment.

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4. Chin	1	2	3	4	5	Yes / No
5. Calves	1	2	3	4	5	Yes / No
6. Breasts	1	2	3	4	5	Yes / No
7. Hands	1	2	3	4	5	Yes / No
8. Adam's apple	1	2	3	4	5	Yes / No
9. Scrotum	1	2	3	4	5	Yes / No
10. Height	1	2	3	4	5	Yes / No
11. Thighs	1	2	3	4	5	Yes / No
12. Arms	1	2	3	4	5	Yes / No
13. Eyebrows	1	2	3	4	5	Yes / No
14. Penis	1	2	3	4	5	Yes / No
15. Waist	1	2	3	4	5	Yes / No
16. Muscles	1	2	3	4	5	Yes / No
17. Buttock	1	2	3	4	5	Yes / No
18. Facial hair	1	2	3	4	5	Yes / No
19. Face	1	2	3	4	5	Yes / No
20. Weight	1	2	3	4	5	Yes / No
21. Biceps	1	2	3	4	5	Yes / No
22. Testicles	1	2	3	4	5	Yes / No
23. Hair	1	2	3	4	5	Yes / No
24. Voice	1	2	3	4	5	Yes / No
25. Feet	1	2	3	4	5	Yes / No
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28. Chest	1	2	3	4	5	Yes / No
29. Appearance	1	2	3	4	5	Yes / No
30. Stature	1	2	3	4	5	Yes / No

Name..... Surname Date today/...../.....
 Date of birth/...../..... Which pronouns do you use? He - She - They - Other:.....



Gender Diversity Questionnaire

There are many different ways people can experience and express their gender identity. We are interested in the variety of identities that young people hold and what these mean to them. There are no right or wrong answers to these questions - we are interested in your *individual* experience.

1. How would you describe your gender identity today?

.....

2. Can you please tell us a bit about what this word/these words mean to you?

3. Which category/categories do you feel your identified gender fits in to? Please tick all that apply:

Trans

Male

Female

Non-binary

A-gender

None

Questioning

4. Young people identify in a variety of ways. Can you please indicate on each of these three lines if or how much you identify with the following identities?

Masculine identity	Not at all	----- ----- ----- ----- ----- -----	Completely
Feminine identity	Not at all	----- ----- ----- ----- ----- -----	Completely
Non-binary identity	Not at all	----- ----- ----- ----- ----- -----	Completely

5. Gender fluidity

	All of the time	Sometimes	None of the time
1. My gender identity is fixed; it does not change over time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My gender identity is fluid; it changes in different contexts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My gender identity is fluid; it changes over time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am currently exploring my gender identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. In social situations, strangers most frequently perceive me as:

boy girl people are unsure

	All of the time	Sometimes	None of the time
7. I feel comfortable with how others perceive my gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Which aspects are most important to you in the way you express your gender?

- 1.
- 2.
- 3.

9. I am happy with the support I receive from:

Friends
 Family
 School
 Other:

10. Peers

	All of the time	Sometimes	None of the time
1. I feel it is difficult to make friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am bullied because of my gender identity or expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am bullied for reasons other than my gender identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you identify with a gender that is different to the one you were assigned to at birth, please could you complete the following questions? If no, the questionnaire ends here.

11. How old were you when you started to question your gender identity? (Years and Months)

12. How did you identify before then?

13. Did you make a social transition before you were first seen at GIDS? Yes No If yes:

- 1. How old were you when you started to socially transition? (Years and Months)
- 2. I am open about my trans status to:
 - Everybody in my life
 - Just close family / friends
 - Some, if so, whom?
- 3. In what areas of your life are you currently living as your identified gender?
 - All areas of my life
 - None
 - Some, if so, which ones?

14. Which of the following factors have influenced the way you experience your gender?

- Distress around body
- Puberty
- Friends
- Family
- Social media
- TV programmes / documentaries
- Meeting other trans people
- Other:.....

15. If you have considered accessing physical interventions, what would you hope for?

- Hormone blockers
- Top surgery
- Lower surgery
- None
- Testosterone
- Oestrogen
- Other surgery, please specify.....

* Current treatment stage: No physical interventions Hormone blockers Cross-sex hormones

16. Any other thoughts:
.....
.....

Name.....

Utrecht Gender Dysphoria Scale Adolescent Version

	Agree Completely	Agree Somewhat	Neutral	Disagree Somewhat	Disagree Completely
1. I prefer to behave like a boy					
2. Every time someone treats me like a girl I feel hurt					
3. I love to live as a girl					
4. I continuously want to be treated like a boy					
5. A boy's life is more attractive for me than a girl's life					
6. I feel unhappy because I have to behave like a girl					
7. Living as a girl is something positive for me					
8. I enjoy seeing my naked body in the mirror					
9. I like to behave sexually as a girl					
10. I hate menstruating because it makes me feel like a girl					
11. I hate having breasts					
12. I wish I had been born as a boy					

Utrecht Gender Dysphoria Scale Adolescent Version

	Agree Completely	Agree Somewhat	Neutral	Disagree Somewhat	Disagree Completely
1. My life would be meaningless if I would have to live as a boy	1.				
2. Every time someone treats me like a boy I feel hurt	2.				
3. I feel unhappy if someone calls me a boy	3.				
4. I feel unhappy because I have a male body.	4.				
5. The idea that I will always be a boy gives me a sinking feeling.	5.				
6. I hate myself because I'm a boy	6.				
7. I feel uncomfortable behaving like a boy, always and everywhere	7.				
8. Only as a girl my life would be worth living	8.				
9. I dislike urinating in a standing position	9.				
10. I am dissatisfied with my beard growth because it makes me look like a boy	10.				
11. I dislike having erections	11.				
12. It would be better not to live than to live as a boy	12.				