Freedom of Information Act 2000
Richard Stephens
ICO Case Reference Number: IC-163464-L9K4
T&P Case Reference 21-22-86/3 Docs re Susie Green, Mermaids.

Response to Request and to ICO Decision Notice issued 31/03/23

Section 1 of 3

Copies of records, notes or minutes of any meetings held between Susie Green of Mermaids UK and Tavistock and Portman NHS Foundation Trust employees during the years 2014-2018.

(Note that due to the nature of email trails, there is inevitably some duplication and interchangeability between this and the next section, Responses to these Emails.)

From: Howe Barbara (NHS ENGLAND)
To: Bernadette Wren; Rob Senior; Polly Carmichael; Susie Green; Gary Butler; Bernard Reed; r viner; peter.m.moore
Subject: Meeting on Friday 7th February
Date: 03 February 2014 17:47:13
Attachments: E13-S(HSS)-e (Original) Gender identity development service for children and adolescents.pro.2013.04.v1 - FINAL.doc
E13S(HSS)e (New Format) Gender Identity Development Service Spec 14-15.docx
Agenda E13 Gender Identity Development Service Specification.doc
Service Specifications Proforma 2013-14 - with Guidance.doc

Dear Colleagues

I attach the agenda and papers for our meeting on Friday. I have attached a document that gives guidance on developing a Service Specification but this was written for Specialised Services (that did not have specifications) and not Highly Specialised as Gender Identity (which does have a Service Specification). Therefore please note that **not all of the guidance in this document would apply to this service and the timescale does not apply.**

I have also attached the Current Specification and the same Specification transposed into the new Department of Health format. The content is the same but the headings are slightly different and there are two sections that did not appear in the original document.

Please note that we are now meeting at Queen Square.

Looking forward to seeing you on Friday

Best wishes

Barbara

Barbara Howe
Portfolio Director, Highly Specialised Services
Medical Directorate
NHS England
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E13 Multi System Disorder CRG – Redraft of Service Specification E13/HSS/e

Seminar Room, Ground Floor, MRC Centre for Neuromuscular Diseases, 8 – 11 Queen Square London WC1N 3BG

Friday 7th February 13.00 -15.30

Dial in details: 08444 737373
PIN: 943238

AGENDA

1. Welcome and Introductions

2. Background and purpose of meeting **PC**

3. Process for the redraft of the Service Specification **BH**

4. Guidance Document (attached) **BH**

5. Current Service Specification and re-draft into new proforma (attached) **PC**

   Identification of areas requiring re-draft
   Leads for individual sections

6. Timescale for completion. **PC**

7. Next steps and date for next meeting.

NHS England

NHS STANDARD CONTRACT FOR GENDER IDENTITY DEVELOPMENT SERVICE FOR CHILDREN AND ADOLSECENTS

PARTICULARS, SCHEDULE 2 – THE SERVICES A. SERVICE SPECIFICATIONS

Service Specification No.	E13/S(HSS)/e
Service	Gender Identity Development service for Children and Adolescents
Commissioner Lead	
Provider Lead	
Period	12 months
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

The gender identity development service provided by the Tavistock and Portman NHS Foundation Trust is a Tier 4 specialist mental health service, and is commissioned to provide specialist mental health assessment and intervention to children and adolescents (and their families) up to the age of 18 years who present with Gender Identity Disorder (GID).

The service is to be delivered through a specialist multidisciplinary team (MDT) with contribution from psychiatry, psychology, social work, psychotherapy and paediatric and adolescent endocrinology. Children with disorders of sex development and other endocrine conditions may be referred if there are associated concerns with gender identity development.

The service offers physical assessment and intervention as appropriate through a regular joint Paediatric Endocrinology Liaison Clinic (based at University College London Hospital NHS Foundation Trust (UCL)) which is held on a regular basis for the physical assessment and management of appropriate cases

The aim of the service is to foster recognition and non-judgemental acceptance of gender identity problems and to ameliorate associated behavioural, emotional and relationship difficulties, as well as the prevention of further mental health problems such as self-harming and suicide. In line with Royal College of Psychiatrists' guidelines and the Harry Benjamin International Gender Dysphoria Standards of Care, surgical intervention should not be carried out prior to adulthood at age 18.

The service considers difficulties of gender identity development in the context of general developmental processes, and sees that relationships are as important as other factors in contributing to a young person's difficulties. The aims of the service are to:

- Understand the nature of the obstacles or adverse factors in the development of gender identity and to try to minimize their negative influence;
- Work within the child's / adolescent's relationships with family, school and other social agencies.

The national service is commissioned to joint-work and to offer consultation and liaison with local Child and Adolescent Mental Health Service (CAMHS) services, schools and others as required. The national GID service specifically provides specialist input and consultation around the GID and is not commissioned to provide care for psychiatric emergencies, as the local clinical professional remains accountable for this care.

Evidence base

Gender Identity Disorders are painful and distressing conditions particularly in adolescence. Adolescents are at high risk of suicide attempts. Their sense of despair frequently leads to extreme pressure being placed on clinicians to act and provide immediate solutions through physical interventions that may not be clinically appropriate at the time of the request. Services will provide a staged approach to reducing the risk of self-harming behaviour and prevent rash decisions being made.

A number of case studies published in the book *A Stranger in My Own Body: Atypical Gender Identity Development and Mental Health* (Ed Di Ceglie, D, 1998 Karnak Books) provide some evidence of the benefit of treatment provided to children/adolescents and their families.

The incidence of suicide attempts e.g. overdoses, was seen in 23% of cases prior to referral to the service. The national Gender Identity Development Service reduces this risk to between 1% and 2% (Di Ceglie et al 2002). The lifetime expectation of suicide attempt has been estimated to be 53% by Huxley et al (1981), 42% of males and 27% of females reported acts of self- harm in Burns et al (1990).

An evaluation of group work with parents of children and adolescents with GID, where the main aims of the group were to promote an understanding of gender identity issues and to find ways for parents to support each other and deal with uncertainties regarding the final outcome of gender identity development, shows that parents found this approach to be helpful and beneficial (see Di Ceglie, D. & Coates Thummel, E., 2006, An Experience of Group Work with Parents of Children and Adolescents with Gender Identity Disorder, *Clinical Child Psychology and Psychiatry*, Vol 11(3):387-396).

A follow-up study of transsexual adolescents in Holland who, after careful assessment, started the process of sex assignment during adolescence (after the

age of 16) shows that they had achieved a good level of psychological and social adjustment at least one year after surgical intervention which was undertaken after the young people had reached the age of 18. (Cohen-Kettenis & van Goozen, 1997, Sex reassignment of adolescent transsexuals: a follow up study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36, 263-271).

As the case study shows, the service can help young people continue with their education and achieve qualifications.

Anecdotal accounts from the Adult Gender Identity Service team at Imperial College Healthcare NHS Trust, with whom the service liaises, suggest that patients who attended their service, who were previously seen as teenagers, are more able to be reflective about treatment options, are more stable psychologically and more realistic about the outcome of sex reassignment surgery.

The service is to be delivered in line with:

- National and international guidelines for the management of Children and Adolescents with Gender Identity Disorder (The Royal College of Psychiatrists Guidance for Management, 1998 and The Harry Benjamin International Gender Dysphoria Association's Standards Of Care For Gender Identity Disorders, Sixth Version, 2001);
- Specific endocrinological recommendations approved by the British Society of Paediatric Endocrinology & Diabetes;
- NICE guidelines specific to the treatment of mental and emotional health and wellbeing including for psychosis, anxiety and depression.

2. Scope

2.1 Aims and objectives of service

Strategic objectives:

- To assess and treat young people who have a GID, improving their quality of life, social inclusion, mental and emotional health and reducing self-harm and suicide and inappropriate treatments accessed by young people.
- To raise awareness of the issues associated with GID in children and young people, in order to promote understanding in wider health, social care and educational establishments, and thereby promote a more informed and effective response in terms of speed and appropriateness of referral, assessment and treatment (where appropriate).
- To support the development of children and adolescents (and their families) in a positive self-affirming environment where there is appropriate support for informed choice for young people through transition to adult services at the age of 18 years old.

Objectives

- To provide an exemplary and comprehensive service for all eligible referred young people with GID;

- To provide expert diagnosis of GID and underlying mental health issues utilising the most up-to-date validated assessment / diagnostic tools and knowledge;
- To provide expert management of young people with confirmed diagnosis of GID through the use of the most up-to-date clinical protocols for prescribing, therapeutic interventions and symptom management;
- To improve the young person's ability to effectively communicate and make informed choices about their life;
- To effectively monitor young people with GID to ensure optimal daily function and social inclusion;
- To operate a rolling programme of clinical audit to test current practice and inform the evolution of care and therapeutic intervention for gender identity disorder;
- To provide therapeutic support and care, with a patient and family centred focus to maximise the patient experience of care within the nationally designated providers;
- To be seen as the leading clinical services and a source of expert advice for the diagnosis and management of children and adolescent with GID within the NHS, social care and educational system;
- To support local schools, CAMHs services, health and social care providers to support young people with GID whenever it is clinically appropriate and safe to do so;
- To provide high quality information for patients, families and carers in appropriate and accessible formats and mediums;
- To develop the experience, knowledge and skills of the MDT to ensure high quality sustainable provision.

2.2 Service description/care pathway

The national GID service will be provided through a highly specialist multidisciplinary approach to assessment and treatment of GIDs in children and adolescents and will work in collaboration with local Child and Adolescent Mental Health Service (CAMHs).

A network model between the specialist centre and local CAMHs teams will ensure that a holistic approach is offered to patients who meet the complex needs of children and adolescents. The service will provide direct therapeutic work with the patients and their families and provide an outreach service to other parts of the UK.

The specialist MDT team comprises:

- 1 consultant child and adolescent psychiatrist
- 2 consultant clinical psychologists
- 1 consultant social worker
- 1 principal social worker
- 2 principal child and adolescent psychotherapists.

The service is commissioned to provide assessment and the following treatments:

- Family therapy;
- Individual psychotherapy and parental support/counselling;
- Consultation to the network with or without further direct involvement with the young person and their family;
- Intermittent reviews to monitor gender identity development;
- Group work for parents;
- Referral to the paediatric liaison clinic for physical assessment and endocrine treatment;
- A combination of the above.

The national service provides evidence-based treatment for young people either at the service base or in a community setting, ensuring that there is an effective, safe, and timely discharge to local services, providing specialist professional advice to referrers and other agencies where needed.

The service is commissioned to improve mental health state and social inclusion by delivering tailored treatment packages in a safe environment, either at home or in a community setting. Specifically the therapeutic aims of the service are:

- To foster recognition and non-judgemental acceptance of gender identity problems;
- To ameliorate associated behavioural, emotional and relationship difficulties (Coates & Spector Person, 1985);
- To break the cycle of secrecy;
- To stimulate interest and curiosity by exploring the impediments to them;
- To encourage exploration of the mind-body relationship by promoting close collaboration among professionals in different specialties, including a paediatric endocrinologist;
- To facilitate mourning processes to occur (Bleiberg et al., 1986);
- To encourage symbol formation and symbolic thinking (Segal, 1957);
- To promote separation and differentiation;
- To enable the child or adolescent and the family to tolerate uncertainty in gender identity development;
- To sustain hope;
- To improve the patient's quality of life;
- To maximise function in daily life to the best of their ability.

The national service is comprised of one designated centre providing the National Gender Identity Development service.

The national service provides a network model based on four tiers of care:

- Tier 1 – Local meetings with professionals involved in the care of young people with a diagnosis of GID including, teachers, social workers, school staff, paediatricians and others as appropriate, which are used to identify roles and facilitate the recognition and support of the young person in their local community.
- Tier 2 & 3 - young people will access generic CAMHS services for general

mental health needs. However, these CAMHS services will be able to access consultation and liaison from the national GID service, and access specialist assessment and treatment for GID at Tier 4.

- Tiers 4 - national Gender Identity Development service will see children and young people with GID for specialist assessment and treatment. The specialist service will also support generic CAMHS (tiers 2 and 3) and other professionals (tier 1) working with children for emergency and urgent care and treatment for mental illness. This will be done through consultation, and where appropriate joint assessment and co-working.

Assessment and treatment for Tier 4 GID national service:

Children below the age of 12 or pre-pubertal children will be:

- Initially assessed together with the family or with their carers to ascertain the features of a GID.
- Communication about the young person's behaviours and perceptions regarding their gender identity will be facilitated with the family. When this is not possible, the service should meet with the parents separately.

Children over the age of 12 or post-pubertal children will be:

- As above, and will be;
- Offered individual assessment sessions;
- And engaged in therapeutic work.

The initial assessment phase is likely to include at least four sessions and will consider:

- The quality of the parental relationship and that between the young person and parents;
- The history and stability of the parental relationship and parental mental health;
- The attitude of the parents to the GID and an assessment of risk (including child protection issues.
- Parental sessions will focus on the development and features of the GID;
- The family will be asked to complete a series of questionnaires, regarding the child's gender identity development and associated experiences;
- If child psychotherapy is to be considered, the child will also require individual assessment sessions;
- Further psychometric assessments will be conducted where appropriate.

Appropriate steps must be taken by clinicians conducting such assessments if the risk of child protection, or other forms of harm, are felt to be significant (i.e. immediate liaison with or referral to relevant agencies).

If there are concerns about a child's mental health then the local service will be asked to provide further psychiatric and multi-disciplinary in-put.

Usually the responsibility for the care programme approach will be held by local services. In some cases it may be necessary to conduct a range of further assessments of various forms, for example, psychometric testing.

The diagnostic criteria for Gender Identity Disorder (Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, (DSM IV)) will also inform the assessment regarding the child's gender identity development. These include:

- Identity statements;
- Cross dressing;
- Toy and role play;
- Peer relations;
- Mannerisms and voice;
- Anatomic dysphoria;
- Rough and tumble play.

(Zucker and Bradley, 1995)

Informed consent – The service will support the young person and family to understand together the factual information which enables the adolescent and the family to make informed decisions about treatment options.

Outcomes following assessment for child or adolescent (pre & post puberty children):

- Family therapy;
- Child psychotherapy and parental support/counselling;
- Consultation to the network with or without further direct involvement with the young person and their family;
- Intermittent reviews to monitor gender identity development;
- Group work for parents;
- Occasionally, referral to the paediatric liaison clinic for physical assessment;
- A combination of the above;
- Individual psychotherapy and parental support/counselling (post puberty children only);
- Group work (post puberty children only);
- Referral to the paediatric liaison clinic for physical assessment. (Post-puberty children only).

The service will also provide:

- Consultation and teaching;
- A service to children of transsexual parents and children with DSD (Disorder of Sex Development – also known as intersex conditions);
- Court reports;
- Research;
- Clinical placements.

Referral to the Paediatric Liaison Clinic

The Paediatric Endocrinology Liaison Clinic is provided at UCLH and takes place 16 times a year with 10 clinics a year for the early intervention research project.

Following a detailed psychological and psychosocial assessment, and a period of therapeutic work, a referral may be considered for a carefully selected number of cases to the Paediatric Endocrinology Liaison Clinic.

The adolescent, or occasionally the child, will only be booked into the clinic when, following a period of assessment and therapeutic intervention, the worker/s, in discussion with the team and the family, think this is appropriate.

The key worker/s will initially meet the adolescent/child and parents jointly with the two paediatric endocrinology colleagues for an introduction and to set the agenda for this consultation, based on previous discussions. The adolescent with his/her consent will then be seen privately by the paediatricians for further discussion and physical examination.

The young person, family and clinicians (all professional) will discuss further plans and reach a joint decision about whether to start the first stage of physical intervention, the use of a hypothalamic blocker. The prescription of the blocker forms one part of the overall treatment offered and is not offered in isolation from other aspects of the treatment provided by our integrated multi-disciplinary service.

Opening hours:

The national service is to operate Monday to Friday 9.30 -5.30pm

Discharge planning:

The national service is required to put in place a discharge plan at the point of discharge and aim to proactively consider discharge needs from the earliest point in treatment (to include the assessment). This would take into consideration the needs and wishes of the child, young person and family, and the involvement of other supportive professionals. A copy of the discharge planning information will be given to the referrer, the general practitioner and, with the permission of the family, to any other involved professionals.

Children and young people will transition to other services where this is appropriate. This may include care from:

- Generic CAMHS;
- Adults gender service;
- Or other appropriate services.

2.3 Population covered

This service covers patients registered with an English General Practitioner, resident in Scotland, resident in the European Union and eligible for treatment in the NHS under reciprocal arrangements. Patients from Wales and Northern Ireland are not part of this commissioned service and the trust must have separate arrangements in place.

The national service will provide consultation on a discretionary basis to Wales and Northern Ireland, and will only carry out direct clinical work with children or families in Wales or Northern Ireland if the child is either resident or in school in England. We will support the development of new services in other countries.

2.4 Any acceptance and exclusion criteria

Referral criteria, sources and routes

Criteria for assessment and treatment in the Gender Identity Development service are as follows:

- Referrals are accepted from a range of professionals including CAMHS professionals, GPs, schools etc;
- If the young person is not already under the care of their local CAMHS team the referrer will be asked to make this referral prior to them being seen in the GID service. In exceptional circumstances, usually associated with age, the service will see referrals who are not engaged with a local CAMHS service;
- Referrals will be accepted if there is evidence of features consistent with a diagnosis of GID;
- If, after assessment, it is apparent that the young person does not fulfil the criteria for a diagnosis of GID, or it is concluded that there are not issues with gender identity development, the case will be closed.

The designated provider will offer a nationwide service to children and young people aged up to 18 years and accept referrals from a wide range of professionals in health, social services and education departments who have concerns about a young person's gender development and associated difficulties.

Referring professionals should be encouraged to discuss the referral with the family and seek their agreement. There is no catchment area.

The service only accepts referrals of patients who meet the criteria for this condition as clearly defined in DSM IV and International Statistical Classification of Diseases (ICD 10).

The Paediatric Endocrinology Liaison Clinic is provided at UCL and takes place 16 times a year with an additional 10 to support the early intervention research project. The criteria for considering a referral to Paediatric Endocrinology Liaison Clinic are as follows:

- The adolescent has been presenting with long term and persistent gender dysphoria and the intensity and distress has increased with puberty;
- The adolescent presents as psychologically stable as evaluated through clinical observation and questionnaires,
- There is support from the family and social network;
- In some cases, the referral to the paediatric clinic is made for the purpose of physical assessment e.g. to exclude a disorder of sex development or other endocrine conditions,

- To provide information about physical development in order to allay some anxieties in the adolescent patient and the family.

Exclusion criteria

The service is not commissioned to respond to emergencies or offer treatment to associated psychological and psychiatric problems (e.g. school refusal and compulsive symptoms). The service is required, in complex cases, to ensure that the young person's case remains open to a local CAMHS.

The service adheres to a comprehensive, multi-disciplinary, partnership approach to GID, thereby young people and their families who decide to seek physical interventions elsewhere or privately will not be able to access any other intervention offered by the service.

Response time & detail and prioritisation

The national service is required to begin the assessment process within eighteen weeks of referral.

The Gender Identity Development service provides equitable services for any children or young people up to 18 years old from any cultural background, religion, gender and with any illness or disability. Every reasonable effort is to be made to make services accessible.

Providers require staff to attend mandatory training relating to equality and diversity and the facilities provided offer appropriate disabled access for patients, family and carers. When required the providers will use translators and printed information available in multiple languages.

The provider has a duty to co-operate with the commissioner in undertaking Equality Impact Assessments as a requirement of race, gender, sexual orientation, religion and disability equality legislation

2.5 Interdependencies with other services

The nationally designated Gender Identity Development service provider is to be the leader in the NHS for patient care in this area and provide a direct source of advice and support when other clinicians refer patients into the national service. The provider is also required to provide education within the NHS, education and social care sectors to raise and maintain awareness of gender identity development in child and adolescents and its management.
The national provider will form a relationship with local education, health and social care providers to help optimise any care for young people with a GID provided locally.

This may include liaison with consultants, GPs, community nurses or social workers etc.

Specialist services will provide support for generic CAMHS services. This will include:

- Direct consultations;
- Co-working for complex cases;
- Good liaison and individual child care planning;
- Support for transition of young people to adult services.

The service will work in collaboration with another gender identity clinic in the Netherlands, and others in Europe and Canada to share and implerment standardised assessments for research and evidence base practice purposes.

3. Applicable Service Standards

3.1 Applicable national standards e.g. NICE, Royal College

The nationally designated gender identity service provider must be fully integrated into their trust's corporate and clinical governance arrangements. There is an expectation that practitioners will participate in continuous professional development and networking.

The designated centres will meet on an annual basis to review the clinical governance and outcomes of the service including:

- Clinical outcomes;
- Service issues;
- Evidence based practice;
- Audit activities, service evaluation and research.

The national service will develop standardised evidence base tools and training programmes, including:

- Common risk assessment and management approaches and systems;
- Training for gender identity development, clinical skills and specific training related to mental health;
- Clinical information systems, reports to commissioners;
- Child protection procedures;
- Patient consultation and advocacy.

4. Key Service Outcomes

Outcomes

- To maximise the adolescent development, sexual identity, mental health, well being and social inclusion of young people with gender identity disorders through optimal clinical management and support;
- To improve the young person's view of their identity and positive self-image.

The service is required to monitor improvements in a young person's feelings about their gender identity and their mental health both before and at the end of a period of treatment (or every 6 months if shorter), using the following outcome measures:

- Children's Global Assessment Scale;
- Risk of self harm/suicide;
- Gender identity questionnaire;
- Child health improvement experience of service questionnaires (at the end of a period of care).

5. Location of Provider Premises

The service is provided by the Tavistock and Portman NHS Foundation Trust

The community outreach service is delivered through a hub (and spoke) model in London (and agreed outreach centres in England to ensure equity of access).

Sub-contractors

Sub-contract arrangements with Paediatric Endocrinology Liaison Clinic (based at University College London Hospital NHS Foundation Trust and Leeds Teaching Hospitals Trust)

Appendix

Criteria for considering administering analogue treatment to adolescents with GID

In line with the above mentioned guidelines, the factors we consider when recommending prescription of the hypothalamic blocker for young people with GID are as follows:

A) significant level of distress associated with secondary sex characteristics and experience of being in "the wrong body";

B) serious level of conviction about cross gender identification both in statements and the desire of living in another gender, often together with some experience of living in the opposite gender role;

C) a therapeutic engagement and exploration has taken place and should be maintained throughout treatment;

D) the hypothalamic blocker should be considered as a treatment in its own right (alongside psychological intervention) and should not be described necessarily as the pre-cursor to opposite sex hormones. The next stage of treatment, if any, should be left open for further exploration;

E) the assessment of the biological environment and physical development by the paediatric endocrinologist must precede the use of the hypothalamic blockers;

F) the adolescent has reached Tanner stage 5 of pubertal development, which is towards the end of pubertal development (see The British Society for Paediatric Endocrinologya nd Diabetes - BSPED guidelines);

G) exclusion criteria include

- *i)* The adolescent has not met all the criteria described above;
- *ii)* Presents with psychotic or other significant mental health disorder

H) although the decision to start analogue treatment is reached after an in-depth discussion involving the multi disciplinary team, the final responsibility for prescribing the hypothalamic blocker and the monitoring of this treatment remains with the paediatric endocrinologists.

NHS STANDARD CONTRACT FOR GENDER IDENTITY DEVELOPMENT SERVICE FOR CHILDREN AND ADOLSECENTS

PARTICULARS, SCHEDULE 2 – THE SERVICES A. SERVICE SPECIFICATIONS

Service Specification No.	E13/S(HSS)/e
Service	Gender Identity Development service for Children and Adolescents
Commissioner Lead	
Provider Lead	
Period	12 months
Date of Review	

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age of 16) shows that they had achieved a good level of psychological and social adjustment at least one year after surgical intervention which was undertaken after the young people had reached the age of 18. (Cohen-Kettenis & van Goozen, 1997, Sex reassignment of adolescent transsexuals: a follow up study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36, 263-271).

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- To raise awareness of the issues associated with GID in children and young people, in order to promote understanding in wider health, social care and educational establishments, and thereby promote a more informed and effective response in terms of speed and appropriateness of referral, assessment and treatment (where appropriate).
- To support the development of children and adolescents (and their families) in a positive self-affirming environment where there is appropriate support for informed choice for young people through transition to adult services at the age of 18 years old.

Objectives

- To provide an exemplary and comprehensive service for all eligible referred young people with GID;

- To provide expert diagnosis of GID and underlying mental health issues utilising the most up-to-date validated assessment / diagnostic tools and knowledge;
- To provide expert management of young people with confirmed diagnosis of GID through the use of the most up-to-date clinical protocols for prescribing, therapeutic interventions and symptom management;
- To improve the young person's ability to effectively communicate and make informed choices about their life;
- To effectively monitor young people with GID to ensure optimal daily function and social inclusion;
- To operate a rolling programme of clinical audit to test current practice and inform the evolution of care and therapeutic intervention for gender identity disorder;
- To provide therapeutic support and care, with a patient and family centred focus to maximise the patient experience of care within the nationally designated providers;
- To be seen as the leading clinical services and a source of expert advice for the diagnosis and management of children and adolescent with GID within the NHS, social care and educational system;
- To support local schools, CAMHs services, health and social care providers to support young people with GID whenever it is clinically appropriate and safe to do so;
- To provide high quality information for patients, families and carers in appropriate and accessible formats and mediums;
- To develop the experience, knowledge and skills of the MDT to ensure high quality sustainable provision.

2.2 Service description/care pathway

The national GID service will be provided through a highly specialist multidisciplinary approach to assessment and treatment of GIDs in children and adolescents and will work in collaboration with local Child and Adolescent Mental Health Service (CAMHs).

A network model between the specialist centre and local CAMHs teams will ensure that a holistic approach is offered to patients who meet the complex needs of children and adolescents. The service will provide direct therapeutic work with the patients and their families and provide an outreach service to other parts of the UK.

The specialist MDT team comprises:

- 1 consultant child and adolescent psychiatrist
- 2 consultant clinical psychologists
- 1 consultant social worker
- 1 principal social worker
- 2 principal child and adolescent psychotherapists.

The service is commissioned to provide assessment and the following treatments:

- Family therapy;
- Individual psychotherapy and parental support/counselling;
- Consultation to the network with or without further direct involvement with the young person and their family;
- Intermittent reviews to monitor gender identity development;
- Group work for parents;
- Referral to the paediatric liaison clinic for physical assessment and endocrine treatment;
- A combination of the above.

The national service provides evidence-based treatment for young people either at the service base or in a community setting, ensuring that there is an effective, safe, and timely discharge to local services, providing specialist professional advice to referrers and other agencies where needed.

The service is commissioned to improve mental health state and social inclusion by delivering tailored treatment packages in a safe environment, either at home or in a community setting. Specifically the therapeutic aims of the service are:

- To foster recognition and non-judgemental acceptance of gender identity problems;
- To ameliorate associated behavioural, emotional and relationship difficulties (Coates & Spector Person, 1985);
- To break the cycle of secrecy;
- To stimulate interest and curiosity by exploring the impediments to them;
- To encourage exploration of the mind-body relationship by promoting close collaboration among professionals in different specialties, including a paediatric endocrinologist;
- To facilitate mourning processes to occur (Bleiberg et al., 1986);
- To encourage symbol formation and symbolic thinking (Segal, 1957);
- To promote separation and differentiation;
- To enable the child or adolescent and the family to tolerate uncertainty in gender identity development;
- To sustain hope;
- To improve the patient's quality of life;
- To maximise function in daily life to the best of their ability.

The national service is comprised of one designated centre providing the National Gender Identity Development service.

The national service provides a network model based on four tiers of care:

- Tier 1 – Local meetings with professionals involved in the care of young people with a diagnosis of GID including, teachers, social workers, school staff, paediatricians and others as appropriate, which are used to identify roles and facilitate the recognition and support of the young person in their local community.
- Tier 2 & 3 - young people will access generic CAMHS services for general

mental health needs. However, these CAMHS services will be able to access consultation and liaison from the national GID service, and access specialist assessment and treatment for GID at Tier 4.

- Tiers 4 - national Gender Identity Development service will see children and young people with GID for specialist assessment and treatment. The specialist service will also support generic CAMHS (tiers 2 and 3) and other professionals (tier 1) working with children for emergency and urgent care and treatment for mental illness. This will be done through consultation, and where appropriate joint assessment and co-working.

Assessment and treatment for Tier 4 GID national service:

Children below the age of 12 or pre-pubertal children will be:

- Initially assessed together with the family or with their carers to ascertain the features of a GID.
- Communication about the young person's behaviours and perceptions regarding their gender identity will be facilitated with the family. When this is not possible, the service should meet with the parents separately.

Children over the age of 12 or post-pubertal children will be:

- As above, and will be;
- Offered individual assessment sessions;
- And engaged in therapeutic work.

The initial assessment phase is likely to include at least four sessions and will consider:

- The quality of the parental relationship and that between the young person and parents;
- The history and stability of the parental relationship and parental mental health;
- The attitude of the parents to the GID and an assessment of risk (including child protection issues.
- Parental sessions will focus on the development and features of the GID;
- The family will be asked to complete a series of questionnaires, regarding the child's gender identity development and associated experiences;
- If child psychotherapy is to be considered, the child will also require individual assessment sessions;
- Further psychometric assessments will be conducted where appropriate.

Appropriate steps must be taken by clinicians conducting such assessments if the risk of child protection, or other forms of harm, are felt to be significant (i.e. immediate liaison with or referral to relevant agencies).

If there are concerns about a child's mental health then the local service will be asked to provide further psychiatric and multi-disciplinary in-put.

Usually the responsibility for the care programme approach will be held by local services. In some cases it may be necessary to conduct a range of further assessments of various forms, for example, psychometric testing.

The diagnostic criteria for Gender Identity Disorder (Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, (DSM IV)) will also inform the assessment regarding the child's gender identity development. These include:

- Identity statements;
- Cross dressing;
- Toy and role play;
- Peer relations;
- Mannerisms and voice;
- Anatomic dysphoria;
- Rough and tumble play.

(Zucker and Bradley, 1995)

Informed consent – The service will support the young person and family to understand together the factual information which enables the adolescent and the family to make informed decisions about treatment options.

Outcomes following assessment for child or adolescent (pre & post puberty children):

- Family therapy;
- Child psychotherapy and parental support/counselling;
- Consultation to the network with or without further direct involvement with the young person and their family;
- Intermittent reviews to monitor gender identity development;
- Group work for parents;
- Occasionally, referral to the paediatric liaison clinic for physical assessment;
- A combination of the above;
- Individual psychotherapy and parental support/counselling (post puberty children only);
- Group work (post puberty children only);
- Referral to the paediatric liaison clinic for physical assessment. (Post-puberty children only).

The service will also provide:

- Consultation and teaching;
- A service to children of transsexual parents and children with DSD (Disorder of Sex Development – also known as intersex conditions);
- Court reports;
- Research;
- Clinical placements.

Referral to the Paediatric Liaison Clinic

The Paediatric Endocrinology Liaison Clinic is provided at UCLH and takes place 16 times a year with 10 clinics a year for the early intervention research project.

Following a detailed psychological and psychosocial assessment, and a period of therapeutic work, a referral may be considered for a carefully selected number of cases to the Paediatric Endocrinology Liaison Clinic.

The adolescent, or occasionally the child, will only be booked into the clinic when, following a period of assessment and therapeutic intervention, the worker/s, in discussion with the team and the family, think this is appropriate.

The key worker/s will initially meet the adolescent/child and parents jointly with the two paediatric endocrinology colleagues for an introduction and to set the agenda for this consultation, based on previous discussions. The adolescent with his/her consent will then be seen privately by the paediatricians for further discussion and physical examination.

The young person, family and clinicians (all professional) will discuss further plans and reach a joint decision about whether to start the first stage of physical intervention, the use of a hypothalamic blocker. The prescription of the blocker forms one part of the overall treatment offered and is not offered in isolation from other aspects of the treatment provided by our integrated multi-disciplinary service.

Opening hours:

The national service is to operate Monday to Friday 9.30 -5.30pm

Discharge planning:

The national service is required to put in place a discharge plan at the point of discharge and aim to proactively consider discharge needs from the earliest point in treatment (to include the assessment). This would take into consideration the needs and wishes of the child, young person and family, and the involvement of other supportive professionals. A copy of the discharge planning information will be given to the referrer, the general practitioner and, with the permission of the family, to any other involved professionals.

Children and young people will transition to other services where this is appropriate. This may include care from:

- Generic CAMHS;
- Adults gender service;
- Or other appropriate services.

2.3 Population covered

This service covers patients registered with an English General Practitioner, resident in Scotland, resident in the European Union and eligible for treatment in the NHS under reciprocal arrangements. Patients from Wales and Northern Ireland are not part of this commissioned service and the trust must have separate arrangements in place.

The national service will provide consultation on a discretionary basis to Wales and Northern Ireland, and will only carry out direct clinical work with children or families in Wales or Northern Ireland if the child is either resident or in school in England. We will support the development of new services in other countries.

2.4 Any acceptance and exclusion criteria

Referral criteria, sources and routes

Criteria for assessment and treatment in the Gender Identity Development service are as follows:

- Referrals are accepted from a range of professionals including CAMHS professionals, GPs, schools etc;
- If the young person is not already under the care of their local CAMHS team the referrer will be asked to make this referral prior to them being seen in the GID service. In exceptional circumstances, usually associated with age, the service will see referrals who are not engaged with a local CAMHS service;
- Referrals will be accepted if there is evidence of features consistent with a diagnosis of GID;
- If, after assessment, it is apparent that the young person does not fulfil the criteria for a diagnosis of GID, or it is concluded that there are not issues with gender identity development, the case will be closed.

The designated provider will offer a nationwide service to children and young people aged up to 18 years and accept referrals from a wide range of professionals in health, social services and education departments who have concerns about a young person's gender development and associated difficulties.

Referring professionals should be encouraged to discuss the referral with the family and seek their agreement. There is no catchment area.

The service only accepts referrals of patients who meet the criteria for this condition as clearly defined in DSM IV and International Statistical Classification of Diseases (ICD 10).

The Paediatric Endocrinology Liaison Clinic is provided at UCL and takes place 16 times a year with an additional 10 to support the early intervention research project. The criteria for considering a referral to Paediatric Endocrinology Liaison Clinic are as follows:

- The adolescent has been presenting with long term and persistent gender dysphoria and the intensity and distress has increased with puberty;
- The adolescent presents as psychologically stable as evaluated through clinical observation and questionnaires,
- There is support from the family and social network;
- In some cases, the referral to the paediatric clinic is made for the purpose of physical assessment e.g. to exclude a disorder of sex development or other endocrine conditions,

- To provide information about physical development in order to allay some anxieties in the adolescent patient and the family.

Exclusion criteria

The service is not commissioned to respond to emergencies or offer treatment to associated psychological and psychiatric problems (e.g. school refusal and compulsive symptoms). The service is required, in complex cases, to ensure that the young person's case remains open to a local CAMHS.

The service adheres to a comprehensive, multi-disciplinary, partnership approach to GID, thereby young people and their families who decide to seek physical interventions elsewhere or privately will not be able to access any other intervention offered by the service.

Response time & detail and prioritisation

The national service is required to begin the assessment process within eighteen weeks of referral.

The Gender Identity Development service provides equitable services for any children or young people up to 18 years old from any cultural background, religion, gender and with any illness or disability. Every reasonable effort is to be made to make services accessible.

Providers require staff to attend mandatory training relating to equality and diversity and the facilities provided offer appropriate disabled access for patients, family and carers. When required the providers will use translators and printed information available in multiple languages.

The provider has a duty to co-operate with the commissioner in undertaking Equality Impact Assessments as a requirement of race, gender, sexual orientation, religion and disability equality legislation

2.5 Interdependencies with other services

The nationally designated Gender Identity Development service provider is to be the leader in the NHS for patient care in this area and provide a direct source of advice and support when other clinicians refer patients into the national service. The provider is also required to provide education within the NHS, education and social care sectors to raise and maintain awareness of gender identity development in child and adolescents and its management.
The national provider will form a relationship with local education, health and social care providers to help optimise any care for young people with a GID provided locally.

This may include liaison with consultants, GPs, community nurses or social workers etc.

Specialist services will provide support for generic CAMHS services. This will include:

- Direct consultations;
- Co-working for complex cases;
- Good liaison and individual child care planning;
- Support for transition of young people to adult services.

The service will work in collaboration with another gender identity clinic in the Netherlands, and others in Europe and Canada to share and implerment standardised assessments for research and evidence base practice purposes.

3. Applicable Service Standards

3.1 Applicable national standards e.g. NICE, Royal College

The nationally designated gender identity service provider must be fully integrated into their trust's corporate and clinical governance arrangements. There is an expectation that practitioners will participate in continuous professional development and networking.

The designated centres will meet on an annual basis to review the clinical governance and outcomes of the service including:

- Clinical outcomes;
- Service issues;
- Evidence based practice;
- Audit activities, service evaluation and research.

The national service will develop standardised evidence base tools and training programmes, including:

- Common risk assessment and management approaches and systems;
- Training for gender identity development, clinical skills and specific training related to mental health;
- Clinical information systems, reports to commissioners;
- Child protection procedures;
- Patient consultation and advocacy.

4. Key Service Outcomes

Outcomes

- To maximise the adolescent development, sexual identity, mental health, well being and social inclusion of young people with gender identity disorders through optimal clinical management and support;
- To improve the young person's view of their identity and positive self-image.

The service is required to monitor improvements in a young person's feelings about their gender identity and their mental health both before and at the end of a period of treatment (or every 6 months if shorter), using the following outcome measures:

- Children's Global Assessment Scale;
- Risk of self harm/suicide;
- Gender identity questionnaire;
- Child health improvement experience of service questionnaires (at the end of a period of care).

5. Location of Provider Premises

The service is provided by the Tavistock and Portman NHS Foundation Trust

The community outreach service is delivered through a hub (and spoke) model in London (and agreed outreach centres in England to ensure equity of access).

Sub-contractors

Sub-contract arrangements with Paediatric Endocrinology Liaison Clinic (based at University College London Hospital NHS Foundation Trust and Leeds Teaching Hospitals Trust)

Appendix

Criteria for considering administering analogue treatment to adolescents with GID

In line with the above mentioned guidelines, the factors we consider when recommending prescription of the hypothalamic blocker for young people with GID are as follows:

A) significant level of distress associated with secondary sex characteristics and experience of being in "the wrong body";

B) serious level of conviction about cross gender identification both in statements and the desire of living in another gender, often together with some experience of living in the opposite gender role;

C) a therapeutic engagement and exploration has taken place and should be maintained throughout treatment;

D) the hypothalamic blocker should be considered as a treatment in its own right (alongside psychological intervention) and should not be described necessarily as the pre-cursor to opposite sex hormones. The next stage of treatment, if any, should be left open for further exploration;

E) the assessment of the biological environment and physical development by the paediatric endocrinologist must precede the use of the hypothalamic blockers;

F) the adolescent has reached Tanner stage 5 of pubertal development, which is towards the end of pubertal development (see The British Society for Paediatric Endocrinologya nd Diabetes - BSPED guidelines);

G) exclusion criteria include

- *i)* The adolescent has not met all the criteria described above;
- *ii)* Presents with psychotic or other significant mental health disorder

H) although the decision to start analogue treatment is reached after an in-depth discussion involving the multi disciplinary team, the final responsibility for prescribing the hypothalamic blocker and the monitoring of this treatment remains with the paediatric endocrinologists.

PROJECT BRIEF FOR SPECIALISED SERVICES CLINICAL REFERENCE GROUPS

DEVELOPING SERVICE SPECIFICATIONS

1.0 Introduction

1.1 This document provides guidance to Specialised Services Clinical Reference Groups (CRGs) on the development of the 2014/15 contract service specifications for all specialised services that will be commissioned by NHS England. This is to ensure a consistency in approach.

1.2 During 2012/13, each CRG went through a process of identification and development of essential contract services specifications ready for inclusion in 2013/14 provider contract. Previously, there were very few service specifications in place where commissioners had identified the service they wanted to commission and the standards to which this would be delivered by the provider.

1.3 Service specifications produced should be to a level that they are achievable within the financial year, with patient safety and service quality standards paramount.

2.0 Production of contract service specifications

2.1 Each CRG will need to undertake a scoping exercise to identify what specifications are needed for the specialised services contained within their respective portfolios. It is important not to combine too many services into a single specification for expediency at the expense of essential detail. CRGs, with support from their Programme of Care Lead, may consider that the specification developed for 2013/14 contracting round is sufficient to describe the service, as defined in the scope, and no further specification development is required.

2.2 The specification developed for 2013/14 contracts may require further development as a result of the public consultation feedback and this will be undertaken as part of the CRGs programme of work during 2013, to meet 2014/15 contracting round timelines.

2.3 New CRGs established in 2013/14 will identify service areas requiring service specifications. Some elements of their service may have already been described to a degree within another service specification but has been identified as requiring a standalone service specification. The relating service specifications should then be cross referenced.

2.4 Service specifications must be simple and succinct, and only identify salient details which can be monitored and measured, including core essential quality standards. They must include clear service entry and exit criteria. A specification should not be a detailed operational policy for a service and should rarely need to be more than 4 – 5 pages long as it should focus on the outcomes required of the service rather than the inputs.

2.5 CRGs will draft service specifications, cross referencing with the specialised service scopes as defined in Clinical Advisory Group Report (Sept 2012), the Manual (December 2012) and with other service specifications developed by other CRGs to ensure alignment, to reduce contradiction and duplication. These must be scrutinised to ensure there is no element of service creep into other parts of the patients' pathway that are not specialised services.

2.6 Authors will need to understand the potential impact as they develop their specifications in terms of:

- Clinical quality standards - what is core (essential) and what is aspirational
- Financial – increase or reduction in resources required

- Political

This will need to be explicitly outlined when presenting to the relevant Programme of Care Board, as part of the assurance process.

2.7 There will be a robust process for ensuring stakeholder, clinician, provider and financial assurance for specifications as they are developed. This will promote openness and transparency, and provide insight into the impact of commissioning products.

2.8 Specifications should reflect the need to ensure that there is a nationally adopted minimum specification for all services which is deliverable.

2.9 A proforma outlining the consistent format for use in 2014/15 and guidance notes on the completion of each section is attached as Appendix One to this guidance. The service specification must be written within the correct template. The Programme of Care team, both national and regional, will be able to provide advice and support to the CRG service specification development.

3.0 Purpose of a contract service specification

3.1 The contract service specification is intended as a clear statement of the primary objectives and descriptors of a service, where necessary providing details of what will be provided, for and by whom, and is produced in conjunction with relevant quality requirements which should be detailed in the Quality Schedule of the contract.

3.2 It describes what a commissioner will pay a provider for. An outcome based commissioning approach must be used; therefore the CRG must specify key clinical outcomes. NICE, Royal College or professional society clinical standards should be referenced as a general expectation on providers rather than a description of what will be paid for. These need to be identified as either ‘core’ or development standards for the service for 2014/15.

3.3 Quality standards specific to the service must be completed using the template in Appendix Two. The intention is to align quality standards to the domain they satisfy.

3.4 Service specifications form a critical part of the contract, helping to ensure the delivery of services as specified by commissioners and used to hold providers to account for that service delivery.

3.5 The Services Specification describes what the Provider will be contractually obliged to do. It may also specify what another provider may have to do. Do not unnecessarily impose additional obligations on the Commissioner, other than to ensure the specification of future work for resolution with providers.

3.6 Individual CRGs must work together on service specifications to deliver integrated services within a care pathway, therefore they must be developed with due regard to the full care pathway, and ensure appropriate links and patient flows across those specifications. CRGs may form sub groups to ensure they work in an integrated fashion.

3.7 Where there is an ambition to deliver whole pathway change in a well-defined element of the service, Pathfinder Groups can be established that may cross more than one CRG and work with at least 2 CCGs. For directly commissioned elements of the pathway, the outputs will be revision to the service specification, which will clearly define the start and end of the specialised pathway. This will provide clarity for future funding models.

4.0 Timetable

4.1 Completion of the Project Brief is required for presentation to the relevant Programme Board to ensure that the work is given the appropriate support & resources

4.2 The overall process for developing service specifications cannot be undertaken in isolation from the development of the other key contract products - service specific clinical commissioning policies, quality measures, quality dashboards, CQUIN schemes and QIPP schemes.

4.3 Service specifications are a key requirement for the 2014/15 contracting round which will commence in October 2013 with the publication of commissioning intentions. The process of development therefore needs to be complete by this point, which will also include a wider engagement/consultation process.

4.4 The actions and delivery dates for this process are outlined below. This is currently a draft timeline and will be refreshed once relevant Board meeting dates are established

Action	Date
CRG Commissioning Leads to agree number and titles of new Service Specifications required for services. Programme of Care Leads to identify with CRGs service specifications that require review during 2013.	19 April 2013
Submission of first draft/reviewed Service Specifications to National Programme of Care (NPOC) Director for review.	31 May 2013
Comments received on submissions from NPOC Directors	14 June 2013
Draft service specifications considered by Programme of Care Board for relevant service area	25 June 2013
Submission of final draft Service Specifications to National Programme of Care Director.	16 July 2013
Service specifications considered by National Programme of Care Board for relevant service area for sign off prior to consultation	30 July 2013
Presentation to Portfolio Board	August – date TBC
Wide engagement/Consultation period– process and timeline to be clarified with Patient & Information Team.	5 August – 27 September 2013
Final revision of service specification to ensure all outputs for all contracting products are reflected as necessary (e.g. Quality Dashboard; CQUIN; classification/coding/information). Submission to POC Board and Portfolio Board for endorsement.	27 September 2013
Submission to CPAG for sign off	October – date tbc
Final Deadline for all commissioning products to be completed and handed over for 2014/15 Contracting Round processes	25 October 2013

5.0 General advice on the completion of a contract service specification

5.1 The following criteria should be considered

- Is the correct template used?
- Does it align with the scope?
- Does it contradict or duplicate anything else written in another scope?
- Does it clearly and unambiguously state the aims and objectives of the service?
- Will it allow for a new provider to establish a new service?
- Are there entry and exit criteria clear?
- Will it be helpful in resolving any disputes regarding whether its specialised or non-specialised activity?
- Is it clear enough to allow the contract manager to manage the contract effectively?
- Does it support coding of services?
- Does it align with the Specialised Services Manual?
- Does it mandate any non-standard data flows; does it need to?

5.2 Be specific about a service descriptor or obligation where this is necessary, being very clear and explicit what is expected.

5.3 Refer accurately to other documents, using the correct title, date or other identifying reference and include a link to where the document can be obtained.

5.4 Use defined terms from *2013/14 NHS Standard Contract General Conditions – Definitions and Interpretation where*ver possible, e.g. 'GP' and 'Healthcare Professional' – not 'doctor' or 'nurse'. Avoid ambiguous terms such as 'clinic', 'surgery' or 'location' when you want to refer to a premises used by the Provider in the provision of Services. Equally 'Services' means the services described in each specification so do not refer to what is to be provided as 'the service'.

5.5 Use the imperative tense (shall/will) rather than the future tense (should/expects), for every sentence where necessary. Make absolute and directive statements that are not open to interpretation.

5.6 Explain any undefined acronyms. And avoid using ambiguous symbols, such as '+/-', as this can be interpreted to mean different things - "plus or minus", "with or without" or "greater or fewer".

5.7 Number each paragraph. If it is intended to extend the text under a heading beyond one paragraph, then number each paragraph and sub-paragraph.

6.0 Programmes of Care support teams

6.1 For advice and support at any time, refer to the relevant Programme of Care Manager within the region.

6.2 National Programme of Care Directors:

- Kim Cox – Internal Medicine
- Jon Currington – Cancer and Blood
- Mary-Ann Doyle – Mental Health
- Rachel O'Connor – Trauma and Head
- Ann Jarvis - Women and Children

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	*Enter CRG document code*
Service	*As named in the Manual*
Commissioner Lead	
Provider Lead	*The name of the individual leading on the service for the provider*
Period	*12 months*
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

National context should summarise high level key facts, information on health needs, epidemiology, disease incidence, inequalities, scale and pattern of service provision. This needs to be succinct and presented in a format suitable to lay understanding. Use hyperlinks whenever possible to reference further reading (if hyperlinks are to websites that will continue to exist post-transition).

Evidence base: Identify key supporting evidence for the service or treatment and its application, and the status of that evidence. The evidence base may reference aspects such as national strategic documents, NICE guidance or key guidelines from professional societies. These could be hyperlinked also.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	

Domain 2	**Enhancing quality of life for people with long-term conditions**	
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	
Domain 4	**Ensuring people have a positive experience of care**	
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	

To include text identifying NHS outcome framework domains and any relevant indicators that are to be delivered as part of the specification.

This section should identify the key outcomes required from the service or, where appropriate, link back to any key deliverables or inputs described in the rest of this document that represent proxy measures for outcomes where these are not easily defined or measured. Outcomes, outputs or proxy measures should be specific, measurable and achievable. Use of generic phrases such as 'improved service quality' should be avoided. This section should signpost and link to the relevant sections in the body of the specification as well as specific dashboards and long term service outcomes.

A detailed list of patient and service outcome measures should be inserted here.

This may be an extensive list of the data returned to a national registry that would allow aspects such as benchmarking across service providers. Validated process measures or validated proxy measures can be used. Examples are blood tests that relate to outcomes, such as biochemical or haematological measures used to measure the degree of renal dialysis clearance. Surgical markers are likely to include post-operative mortality, 30 day mortality and mortality at one year. Process measures might include the length of stay on ICUs and wards.

There is likely to be an overlap of outcome measures with accountability measures and these latter are likely to be more immediate and process orientated and with the aim of providing short term reassurance about a service and its delivery but the different usage of these two types of information should be clear. The longer term outcome measures are focussed more on understanding the detail of the service and on-going improvements based on an analysis of this information.

3. Scope

3.1 Aims and objectives of service

This should provide a description of what the service is, what it provides, its core objectives and the relevant patient groups/conditions it is targeted at.

3.2 Service description/care pathway

This section should include a brief description of the service model and care pathways being commissioned, identifying key principles, components, flows and pathways that are core minimum requirements and that would not be expected to be varied according to local circumstances.

The clinical or care pathway may be available or referenced at the Map of Medicine website http://www.mapofmedicine.com/ or NICE http://pathways.nice.org.uk/ although some of these are more detailed for the less specialised part of the pathway.

A more detailed description of the key interventions that make up the service and its position in the wider care pathway can be added where it is considered important to ensure the delivery of key service objectives or as a proxy for improved clinical outcomes.

It may also include reference to the services defined in the CAG report or Manual.

3.3 Population covered

To ensure equity of access, wherever possible, access to the service should be according to common routes, policies and criteria that do not disadvantage any relevant patient group. The means by which this is achieved should be made clear e.g. common admission policy.

Identify who the service is targeted at and under what circumstances e.g. adults or children, specific age groups, specific stages in the clinical pathway, disease types, patient categories or disease stages etc. This should describe under what circumstances patients should access the service for which the Commissioner is responsible for funding healthcare services.

3.4 Any acceptance and exclusion criteria and thresholds

Identify, where necessary, which condition or treatment group the service does not cover and under what circumstances e.g. adults or children, specific age groups, specific stages in the clinical pathway, disease types, patient categories or disease stages, treatment alternatives that should be considered.

NB. The exclusions should be clinically based and should not be confused with clinical commissioning policies, which should be referenced here.

Reference should be made to obligations to comply with policies or arrangements such as prior approval schemes accurately, and the relevant parts of such policy documentation should be specified to the appropriate provider.

3.5 Interdependencies with other services/providers

The services commissioned under a contract may be part of a wider care pathway. This section should identify critical links to other clinical services, hospitals and facilities, parts of the wider care pathway, other care pathways, clinical networks, support and care services (NHS and non-NHS). It should also identify the nature of the link required e.g. immediate on site access to critical care, 24 hour liaison psychiatry. The role or responsibilities of more local commissioners or service providers in the clinical pathway can be referenced here, such as clinical commissioning groups, community services or local authorities.

4. Applicable Service Standards

4.1 Applicable national standards e.g. NICE

This section should include details of any specific equipment or facilities, co-locations, service infrastructure and patient information requirement. This section should include core service standard, essential to meet in order to provide the service.

You do not have to repeat any of the Provider's general obligations under the contract in the Services Specifications, but it may be useful to acquaint yourself with applicable specific legislation, obligations and guidance relating to service provision, such as NICE quality standards topic library, and including the NHS Operating Framework.

It may be appropriate to reference any risk scoring tools. If there is a national database / registry used by commissioners or as required by professional or clinical society for accreditation purposes then data submission should be a routine requirement.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

As above. Include in here developmental, aspirational guidance.
List out and reference here but provide the detail in the quality standard template for inclusion in the Quality Schedule.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

The reference numbers for quality requirements and the CQUIN goals which apply to the service should be listed here. This allows clarity about the requirements relating to specific services.
Please note any contractual levers relating to quality, KPIs, CQUINs will need to be included in the relevant schedules of the contracts.

6. Location of Provider Premises

The Provider's Premises are located at:

ONLY LIST PROVIDERS IF THERE HAS BEEN A FORMAL DESIGNATION PROCESS.

7. Individual Service User Placement

Insert details including price where appropriate of any individual service user placement e.g. mental health. This is likely to be relevant where the service provides tailored specialist placements. It may also be used to record any specialist equipment that is provided as part of an individual care pathway.

Appendix Two

Quality standards specific to the service using the following template:

Quality Requirement	Threshold	Method of Measurement	Consequence of breach
Domain 1: Preventing people dying prematurely			
Insert text			
Domain 2: Enhancing the quality of life of people with long-term conditions			
Insert text			
Domain 3: Helping people to recover from episodes of ill-health or following injury			
Insert text			
Domain 4: Ensuring that people have a positive experience of care			
Insert text			
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm			
Insert text			

From: [redacted] (NHS ENGLAND)
To: [redacted]; Rob Senior; Polly Carmichael; Susie Green; [redacted]
Subject: minutes of meeting
Date: 24 February 2014 20:15:57
Attachments: E13 20140207 action notes FINAL.docx

I attach the minutes of our Task and Finish group meeting. Please contact me if there is anything you wish to discuss.

Best wishes

Barbara

Barbara Howe

Portfolio Director, Highly Specialised Services

Medical Directorate

NHS England

[redacted]

Meeting Notes: E13 Multi System Disorder CRG, Redraft of Service Specification E13/HSS/e
Friday 7th February 2014

Attendees:

Polly Carmichael (PC) - Chair	Director GIDs, Tavistock & Portman
[redacted]	Patient and Public Voice
[redacted]	Consultant, Tavistock & Portman
[redacted]	Consultant, University College London Hospitals
Rob Senior (RS)	Medical Director, Tavistock & Portman
[redacted]	Consultant, University College London Hospitals
Susie Green (SG)	Chair, Mermaids
[redacted]	Trustee, GIRES
[redacted]	Portfolio Director, NHS England
[redacted]	Programme Director, NHS England

N.o.	Item	Lead
1	**Welcome and Introductions**	**PC**
	PC welcomed members and led introductions.	
2	**Background and Purpose**	**PC**
	PC set the scene for the meeting and provided clarity on the meeting objectives and the process for revising the specification for Gender Identity Development service for Children and Adolescents (GIDs). There are 75 Clinical Reference Groups (CRGs), of which Multi-Systems Disorder is one. The Multi Systems Disorder CRG is chaired by [redacted] Members noted that this meeting was not an official subgroup of the CRG, but rather a task and finish working group to conduct an initial review of the service specification for GID. CRGs had been established to be the forum responsible for producing and reviewing, amongst other things, service specifications, as such had been established to ensure wide representation and participation. It was unlikely that any sub-groups of CRGs would be established as such groups would likely defeat the purpose of the CRGs. PC clarified that, following discussions with the Adult group, this group would distribute approved minutes and papers, but that, in general, the content of the discussions were expected to remain within this group. Members noted that Highly Specialised Services (HSS) are services where there are probably only about 500 people with those conditions at any one time; and where the number of treatment centres would likely be around 3 or 4.	

	BH outlined that a service specification is just a description of what commissioners are buying from a provider; a specification is not intended to be a full description of the entire pathway. Post April 2013, HSS are 'national services' which are both commissioned and delivered nationally. The funding is just the same as for specialised services, i.e., that the Department of Health no longer support these services directly.	
3	**Process for the redraft of the Service Specification**	[redacted]
	From the 1st April, where specifications for HSS already existed, these were 'adopted' into the contract documentation. Following this process, NHS England (NHSE) developed a three-year rolling programme of review for all service specifications to ensure that they were consistent, up to date and reflective of the current evidence base. To facilitate the three-year rolling programme a formal governance process has been established. This is that CRGs would carry out any specification review and re-drafting work. The revised specifications then proceed to the Programme of Care (PoC) Board for approval. Following this approval, specifications then proceed to the Clinical Priorities Advisory group (CPAG) for final consideration and approval prior to a three month public consultation. It was also noted that all redrafted specifications needed to go through a finance review process. [redacted] confirmed that part of the process of reviewing and redrafting needed to include transferring the specification into the new contract templates, which are generally issued annually. It was also noted that the 'Criteria for Analogues', currently within the appendices should be included in the final specification, and ideally included within the main body of the specification, rather than in an appendix. [redacted] advised members that not all sections of the specification may require full review and / or redrafting, for example, where the epidemiological basis of the condition has not changed. The general principle used throughout the specification adoption process, used during the NHS transition, was to include only those items which are key to the service and are measurable. [redacted] advised the group to focus on the outcomes that services should be delivering, rather than the inputs. This is because it is possible to deliver services slightly differently and still get the same outcomes. Following discussion, it was agreed that the specification couldn't be reviewed 'by committee' and that the group should instead collectively agree who should review particular sections. The actual review process should take place in-between these meetings. It was envisage that this group would be a task and finish group and meet 2-3 times. It was also agreed that members would share all material with [redacted] in the first instance, so that it could be passed onto the appropriate people for considerations.	

	[redacted] asked for clarity about at what point specifications become clinical protocols. It was noted that this can be variable, and is dependent on the nature of the service. Sometimes specification can include significant detail, such as drug protocols, or patient pathways. It was felt that, as the current GIDs specification didn't include this level of detail, if the group did want to include this type of detail, the group would need to be clear as to the benefits and brief the CRG, the PoC Board and CPAG as to this. Any changes affecting clinical protocols would need to be based on Royal College guidelines and policies. Members of the group sought clarity on whether service specifications are currently monitored. [redacted] outlined that these are regularly monitored and that standards within specifications are reviewed through a number of 'Annual Reviews' and any CQUINs schemes that are in place. Currently the CQUINs scheme required providers to participate in clinical audits, this work is overseen by [redacted], a public health Consultant attached to the HSS team at NHSE. It was also confirmed that complaints are regularly monitored by commissioners through current contract mechanisms. [redacted] raised some concerns about the HSS specification mentioning services that should exist in the local centres, but that are not always provided. It was confirmed that these types of issues would not be addressed through the revision of the HSS specification because NHSE was not the commissioner for these services and had no contractual relationship regarding these services. Local variation in non-HSS provision was a matter for the relevant Clinical Commissioning Groups to address, and therefore outside this scope of this group.	
4	**Guidance Document**	[redacted]
	Members noted the guidance document.	
5	**Current Service Specification and re-draft into the new pro-forma**	**PC**
	[redacted] briefly presented the current service specification together with the new service specification template to be used. **General areas identified for review and redraft:** • Epidemiology base for incidence and prevalence, particularly to include a review of the first ever epidemiological study which has been recently published. It was agreed that [redacted] would need to be included within this aspect of the review process to provide public health input. • Discharge planning, particularly into CAMHS teams. • Quality outcomes • Information provided to parents and service users about the process involved in the service. PC updated the group that a new leaflet has been developed which may address this issue. PC to share with the group, via [redacted]. • Research into the age for hypothalamic blocker treatment was	**PC**

	noted. This is a prospective study which comes to an end in April 2014 and initial findings suggest that the blocker could be prescribed from early puberty (around age 12). It was noted that a research protocol could not be included in a service specification and any application to introduce a protocol would have to be made in the first instance to the CRG Chair. Age of treatment to alter body sex was discussed, it was noted that this should remain at 16, in line with the medical evidence base and the legal framework. **Specification Review Agreed Process:** Following discussion, the leads were identified to review sections of the specification. Lead agreed to submit alterations to [redacted] for amalgamation into a revised draft which would be presented to the next meeting of this group. Non-leads were asked to submit information to [redacted] for dissemination to the sections leads. Members were reminded that any changes have to be highlighted in yellow, as this is the process for consultation. • [redacted] drew people's attention to the issue of age, whereby people up to the age of 19 are coded as children, and from 19 years and 1 day are coded as adults. This isn't a new thing, but it does impact on provider funding. It also doesn't mean that people under 19 can't be referred to 'adult' services. It was agreed that [redacted] will review the specification and make the relevant changes. It was noted that the text about countries and referrals are standard and cannot be changed. • The need to stop referring to the service as a national service was noted. This is because it is implicit that the services are national now as they are both commissioned and delivered nationally. • **Population Needs:** ○ **Evidence base:** does need reviewing, for example incidence should be included, but prevalence is probably not available at this stage. [redacted] to lead this, with support from [redacted]. Members to submit changes to PC and [redacted] for this section, but the clinicians in the room need to agree to the proposal. • **Scope:** ○ **Outcomes:** [redacted] and [redacted] to lead. ○ **Aims and objectives:** to be led by PC. ○ **Service description and care pathway:** PC and [redacted] to lead this issue and to particularly consider the issue of Discharge Planning and transition. ○ **Any acceptance and exclusion criteria and thresholds:** [redacted] to lead the review of the section, noting that the issue of age not stage / stage not age is not to be considered within this review. The issue of lowering treatment age will	[redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]

	need to be a separate proposal to [redacted] to link with [redacted] about the exclusion criteria section. ○ Interdependencies with other services/providers: [redacted] and [redacted] to lead. • **Applicable standards:** PC to lead. • **Applicable quality requirements:** [redacted] to lead. • **Location of provider premises:** PC to lead. • [redacted] to pick up the appendix on the analogues. To liaise with [redacted]	[redacted] [redacted] [redacted] [redacted] [redacted]
6	**Timescale for completion**	**PC**
	Members agreed the following timescales for completion of the work: • Comments to the leads by the end of March; • Leads to draft revisions by end of April; and • [redacted]/PC to amalgamate the revisions into a revised draft of the specification.	**All** **Section leads** [redacted]**/PC**
7	**Date of Next Meeting**	**PC**
	The group will reconvene at the end of May to review the revised draft of the specification.	

From: [redacted]
To: GIDU
Subject: FW: Mermaids AGM - slightly revised agenda
Date: 28 October 2014 11:33:35
Attachments: AGM Agenda.docx
Importance: High

Hi all,

Would anyone be able to attend the Mermaids AGM on 15th November in Manchester?
Kind regards,

[redacted]
PA to GIDS Director
Gender Identity Development Service
The Tavistock and Portman
NHS Foundation Trust
Tavistock Centre
120 Belsize Lane
London NW3 5BA
Tel: +44 (0)20 [redacted]
Fax: +44 (0)20 [redacted]
www.tavistockandportman.nhs.uk

From: Susie Green [mailto:susieg100@[redacted]
Sent: Monday, October 27, 2014 08:12 PM GMT Stan ard Time
To: Susie Green <susieg100@[redacted]>
Subject: Mermaids AGM - slig t y revise agenda

Hi there, information on the Mermaids AGM, I hope that you can make it, let me know,

Thanks

Susie

Mermaids AGM – Saturday the 15th November

Time: 1pm until 6pm

Location: Manchester - Please email back for the full address on chair@mermaidsuk.org.uk

This AGM is of particular importance due to the fact that we have some MAJOR changes to discuss, and we need members votes to allow us to move forward. I will give more of an overview of where we are and why we have decided these changes need to happen, plus a brief summary is on the Agenda (enclosed).

Details we need:

Names and ages of those attending:

If you can bring food, can you please let us know what you will be bringing?

Do you need help with travel expenses?

Do you have an agenda item you would like to add?

Or you can telephone or text me with your attendance details, on 07973 531508

Whichever way you choose to communicate your response, please try to respond by 10th November, at the very latest. This gives us an idea of how many people will be coming. But if you really can't, don't worry - let us know later, or just turn up on the day.

POT LUCK MEAL - We bring all our own refreshments. Tea/coffee/milk/sugar/squash/ cheese/French bread, paper plates and plastic cups /cutlery will be provided by the committee, and you can either bring your own food and drink, or give a contribution towards a pot luck supper (this could be savoury dishes, salads, desserts, etc.) If you are bringing food, there will not be the facility to warm it up, so cold dishes please!

Please let me know by email, what you would like to bring. (If you are unable to bring any food, don't worry, there's usually plenty!)
GUESTS - If you would like to bring family or a close friend along then please do so, but **please let me know the number of people who will be coming with you**.
DRESS - Dress style is optional, especially for the young people. You can always change here if you feel it appropriate.
COST - There will be a **voluntary** donation of approx. £2.00 per adult person towards the cost of hiring the rooms. Should anyone who wishes to attend be prevented from doing so by the cost of travelling expenses, we can help. Please let us know well in advance. We really do hope that as many people as possible will be able to attend this important event in our calendar, especially this time as we have MAJOR CHANGES to discuss!
CHILDREN – parents are expected to take responsibility for their children at all times, and keep an eye on them, especially with respect to the other areas of the venue – E.G. hide and seek using doorways to other areas of the venue, and the outside, will not be allowed.
Please also let me know <u>at least a week before the event</u> if there is any item you would like to have added to the Agenda. There will be a formal meeting at approximately 3pm to elect officers and committee, to receive the Treasurer's report, and to deal with any other formal business (agenda attached). There may also be a short talk, and/or a discussion on a relevant topic and/or another chance to see/hear one of our Media forays.
With all good wishes and very much looking forward to seeing you on the 15th November
Susie
Chair, Mermaids.

Saturday the 15th November 2014 – Mermaids AGM Agenda

Agenda items:

Standard procedures:

Including the Chairs Report, an overview of the committee's activities for the year, committee elections and Treasurers report, followed by:

1. **Changing Mermaids from an unincorporated charity to a CIO which will involve dissolving the existing structure to move to a CIO.**

A Charitable Incorporated Organisation, or CIO, is a new legal form for a charity.

A CIO:

- is an incorporated form of charity which is not a company
- only has to register with the Charity Commission and not Companies House
- is only created once it is registered by the Commission
- can enter into contracts in its own right and its trustees will normally have limited or no liability for the debts of the CIO
- can employ people

The CIO model was created a couple of years ago in response to requests from charities for a new structure which could provide some of the benefits of being a company, but without some of the burdens.

The creation of Mermaids as a CIO is underway, but when the charity is ready, we have to dissolve the current Mermaids and move all the holdings, including bank accounts, trustees, logo, website etc to the new body. To dissolve the current charity, we need the approval of the existing membership. The move should be seamless, and will not impact members of the parents or teens groups, as we will deal with all the background work necessary to make this happen.

However, we need a majority vote from our members that once the CIO is ready, they agree to the wind-up and transfer. And we need that at the AGM. The new constitution will be very similar to our existing constitution, with 'new' Mermaids having the same aims and objectives as the existing Mermaids, but if you would like a copy of the new constitution, then please let me know and I will email it to you in advance of the AGM.

2. **Moving the current bank account to an internet based account.**

At the moment our banking is all done by hand, with a proper cheque book, dual signatories and no way to check or monitor funds other than be requesting this information from our treasurer. We want to update and modernise this process, so we have compiled a list of bank accounts that we believe fulfil our criteria, including robust security measures and checks. The list will be circulated on the day for discussion and a decision about the best option.

AOB.

From: [redacted]
To: Polly Carmichael; Polly Carmichael; [redacted];
susieg100@[redacted]
Cc: [redacted]
Subject: Re: GID Study Advisory Group Meeting: Tues 17th March
Date: 11 March 2015 22:55:06
Attachments: Protocol - GID study-v4-01-09-2012-FINAL.docx
Public Info Leaflet-GID.pdf
blank CAPSS QAIRE.doc
GID Advisory Group meeting 17-03-15.docx
Minutes - GID Advisory Group meeting 2-10-12.docx

Dear colleagues,

Ahead of next week's meeting, I attach:

1. An agenda

2. Minutes from the previous AG meeting

3. A copy of the study protocol and public information leaflet about the study

4. A blank questionnaire, for information.

I look forward to seeing you on **Tuesday 17th March at 2 pm** at the Tavistock Centre.

The nearest tube station to the Tavistock Centre is Swiss Cottage.

The venue for the meeting will be **Room 327, 3rd floor**. Take the lift to the 3rd floor, turn right out of the lifts and it is the first door on the right.

All best wishes,

Sophie

On Tue, Feb 10, 2015 at 8:10 PM, [redacted] > wrote:

> Dear colleagues,
>
> Thank you for all your responses.
>
> I can confirm that the advisory group meeting will be held on:
>
> **Tuesday 17th March 2015**
> **14:-00 - 16:00**
> **Venue: Tavistock Centre** (meeting room to be confirmed).
>
> I'll circulate an agenda and more details re the location of the meeting in early March. Please do email me with any questions you have before then.
>
> Thanks again and I look forward to seeing you all soon,
>
> Best

[redacted]

On Thu, Jan 29, 2015 at 11:42 PM, Sophie Khadr <sophie.khadr@[redacted]> wrote:

> Dear colleagues,
>
> I am writing to invite you to an Advisory Group meeting in relation to the above study of gender dysphoria in children and young people.
>
> The surveillance study results are now available and the main focus of the meeting will be to present the main messages from the research and discuss the most appropriate ways to disseminate these data.
>
> Please click on the link below to access the doodle poll and provide me with your availability for this meeting.
>
> [redacted]
>
> If you are unable to commit to this meeting or would like to suggest someone else to attend in your place, please let me know as soon as possible.
>
> Many thanks for your support for this study,
>
> All best wishes,
> [redacted]
>
> --
> [redacted]
>
> [redacted]
>
> [redacted]

--

Sophie Khadr

Walport NIHR Clinical Lecturer / SpR in Adolescent Medicine
UCL Institute of Child Health
Email: sophie.khadr@[redacted]

Working days: Monday, Tuesday, Thursday

GENDER IDENTITY DISORDER SURVEILLANCE STUDY

Advisory Group Meeting

Tues. 17th March 2015, 14:00 – 16:00

Venue: Room 327, 3rd floor, Tavistock Centre, 120 Belsize Lane, Lon. NW3 5BA

Directions: Take the lift to the 3rd floor, turn right out of the lifts and it is the first door on the right

1. Welcome
2. Apologies
3. Chair's introduction
4. Minutes from last AG meeting (October 2012)
5. Summary of surveillance study findings
6. Publication and further dissemination
7. Any other business
8. Date of next meeting

Minutes of Advisory Group Meeting, Gender Identity Surveillance Study

Held on 02/10/2012 at the Tavistock Centre

Present:

- [redacted] Clinical Lecturer, UCL Institute of Child Health
- Dr. Polly Carmichael (PC) – Consultant Psychologist & Clinical Lead, Gender Identity Development Service
- [redacted] Administration Manager, Gender Identity Development Service
- [redacted] Professor of Paediatrics, University of Cambridge
- [redacted] Consultant Child & Adolescent Psychiatrist, Leicestershire Partnership NHS Trust
- [redacted], Mermaids representative
- [redacted], Mermaids representative

Apologies: [redacted]

1. Introductions

[redacted] and PC welcomed group members to the meeting.

2. Overview of the study and its purpose

[redacted] advised that there are no epidemiological studies of the incidence (number of new cases per year) or prevalence (number of cases at any one time) of gender dysphoria in children. This will be the first such study. [redacted] gave an overview of how the British Paediatric Surveillance Unit (BPSU) and its partner organisation, the Child and Adolescent Psychiatry Surveillance System (CAPSS) operate.

The aims of the study are to estimate the number of children and young people (YP, <16 years) presenting to UK paediatricians or psychiatrists with gender symptoms per year, and to describe the symptoms they present with and any associated mental health or social difficulties.

Cases will be followed-up over 2 years to map referral patterns, service uptake and care provided to young people and their families.

3. Update on progress – successes and challenges:

a) Reception

We have had a good response to the study, with large numbers of responses from paediatricians and psychiatrists. Many BPSU responses have been from Community Paediatricians (rather than Endocrinologists as expected).

Unfortunately, there are quite a lot of cases that we cannot include in the study (e.g. >16s and 'prevalent' or established [i.e. not new] cases). Colleagues from Mermaids asked why >16s were not being included in the study. [redacted] explained that this is because paediatricians do not routinely see new referrals aged more than 16 years and so the BPSU did not approve our request to include the 16-18 year age group.

b) Geographical coverage

[redacted] provided attendees with a map showing notifications to date. This shows that there are one or two under-represented areas - the NE of England and Norfolk/East Anglia. It is unclear whether this is because there are fewer children/YP with gender symptoms in these areas, because fewer present to services in these areas or because clinicians are not reporting these cases.

[redacted] noted that the Tavistock's Gender Identity Development Service (GIDS) in London has reported the largest number of cases – these come from all over the country and include some from the North East and East Anglia.

c) Questionnaire response rates

[redacted] raised the issue of questionnaire response rates. CAPSS is a much younger organisation than the BPSU and the questionnaire return rate (for reported cases) is lower than for the BPSU. We also know that fewer psychiatrists return their monthly notification cards (70% compared with 85-90% for the BPSU), and that some psychiatrists have not heard of CAPSS and are not signed up to receive notification cards.

d) Case validation conundrums

[redacted] reported that there had been a sizeable number of reports of children/YP with gender symptoms who also have a diagnosis of Autistic Spectrum Disorder (ASD). (There is a recognized association within the literature, although the reasons for this are unclear.) These cases sometimes present difficulties at validation and we are assessing on a case-by-case basis. For example, if children do not engage in (opposite gender) imaginative play or seek out (opposite gender) playmates due to their ASD, it may appear that they do not meet many of the behavioural criteria for GID.

4. Potential solutions

Advisory group members had several helpful suggestions to address problems encountered:

a) Email/write to clinicians from NE England and Norfolk/East Anglia through the BPSU and CAPSS, encouraging them to report any cases they might have missed.

b) Ask CAPSS to provide a list of members to get an idea of their geographical distribution and under-represented areas.

c) Encourage CAPSS members (through the CAPSS Executive) to increase notification card return rates.

d) [redacted] suggested extending the surveillance study period in order to increase the accuracy of the incidence estimate through increasing the sample size, particularly if we can increase notification and response rates via actions a) - c).

e) PC offered to discuss funding options for an extension but it was also suggested that we negotiate a reduced rate with CAPSS/BPSU if only extending surveillance period by 6 months.

f) Need to establish a standardised approach to evaluating reported cases with ASD

5. Looking ahead to dissemination and impact

[redacted] explained that we expect this study to increase our knowledge about and inform provision of services for children and young people with GID. We look forward to sharing the results of the study with voluntary sector colleagues and discussing ways of disseminating the study results to a wider audience when these are available.

6. AOB and 2013 meeting

No date was set for the next meeting but this is expected to take place once the study surveillance period ends.

Investigating the burden of gender identity disorder (GID) in children and adolescents: a surveillance study of incidence, clinical presentation, co-morbidities and natural history

[redacted], UCL Institute of Child Health (Chief Investigator)
[redacted], University College London (UCL) Institute of Child Health
Dr. Polly Carmichael, Gender Identity Development Service, Tavistock Centre
[redacted], Gender Identity Development Service, Tavistock Centre
[redacted], National Children's Hospital, Dublin

Short title: Gender Identity Disorder Study

Research Sponsor: University College London

Principal NHS Site: N/A

Start Date: 01/11/2011

Reporting Date: 01/12/2014

Address for correspondence:

[redacted]
General and Adolescent Paediatrics Unit,
UCL Institute of Child Health,
30 Guilford St.,
London WC1N 3EH.
Tel.: [redacted]
Fax: [redacted]
Email: [redacted]

BACKGROUND

Gender Identity Disorder (GID) is a rare condition where there is strong and persistent cross-gender identification and gender dysphoria (persistent distress or discomfort caused by a perceived difference between a person's gender identity and their biological sex). It is well described in children and adolescents and there are often associated mental health problems. Relationship difficulties with parents or carers, social isolation and stigmatisation are common. There are increased risks of self-harm, suicide and eating disorders, particularly with the intense distress experienced with the physical changes of puberty. The diagnosis is made using standard psychiatric (DSM-IV-TR 2000) criteria.

While a psychological condition, concerns about possible hormone abnormalities and inter-sex conditions can prompt initial referral to Paediatricians. The London child and adolescent Gender Identity Development Service (GIDS), the largest service in the UK and which takes referrals from the majority of the UK, receives referrals from local Child and Adolescent Mental Health Services (CAMHS), Paediatricians and primary care. After diagnosis, Paediatric Endocrinologists are involved in the medical management of GID including pubertal suppression and treatment with cross-sex hormones (RCPsych 1998, BSPED 2009). Local CAMHS and Paediatrics teams also remain involved in the child or young person's care.

There has been no formal epidemiological study of the incidence or prevalence of childhood/adolescent GID. International estimates of prevalence *in adults* range from 1:12,000 to 1:42,000 in men and from 1:30,000 to 1:100,000 in women; these largely relate to clinical (hospital) samples. However, Wilson *et al*. (1999) examined the prevalence of gender dysphoria among adults registered at Scottish GP surgeries, demonstrating that a study about this condition could be conducted in a primary care or non-specialist setting. Several responders reported that they lacked knowledge about referral pathways for the condition. Paediatricians encountering new cases of childhood/adolescent GID are likely to share this problem. Anecdotally, many young people with GID present to the London GIDS late, towards the end of puberty, when there is increased risk of self-harm due to distress associated with pubertal development.

Clinical management of childhood/adolescent GID is currently highly controversial internationally (Hembree *et al.* 2006). Issues particularly relate to the timing of hormonal treatment to suppress puberty, and whether this should occur later in adolescence (≥16 years, current UK management) or at the onset of puberty (>12 years, offered in some North American and European centres). This debate is occurring without reliable data on the incidence, burden and natural history of childhood/adolescent GID, including whether GID in early adolescence is likely to be transitory or persistent (the latter justifying early intervention, the former less so). Data from small clinical samples (Green 1985, Drummond *et al.* 2008, Wallien & Cohen-Kettenis 2008) suggest that *pre-pubertal* gender dysphoria often resolves with puberty.

The study we propose will have an immediate impact on management of GID. It will provide the first estimate of incidence in children and adolescents presenting to UK and Republic of Ireland (ROI) Paediatricians or Psychiatrists/CAMHS services. It will also provide important population-level data about clinical presentation, co-morbidities and stability/persistence of gender dysphoria at one and two years.

This information is essential for planning appropriate services and to inform clinical management of this extremely vulnerable group. The National Commissioning Group (NCG) currently funds a single referral centre for childhood/adolescent GID in the UK although a small number of patients are also seen in other settings. User satisfaction with the existing specialist service is high but Evaluation of Service Questionnaires show that patients find it hard to travel long distances to access the service. It is believed that two or three NCG-funded centres may be required.

This study will also provide important population-level data about clinical presentation, co-morbidities and stability/persistence of gender dysphoria at one and two years. These data will inform clinical management of childhood/adolescent GID, including the highly controversial debate around early pubertal suppression in this group.

We propose to conduct a UK and ROI-wide surveillance study involving both the British Paediatric Surveillance Unit (BPSU) and the Child and Adolescent Psychiatry Surveillance System (CAPSS).

In summary, this study will:

1. Further our understanding of the epidemiology and characteristics of childhood/adolescent GID in the UK and ROI;
2. Inform service provision for and clinical management of this vulnerable and complex group.

DESIGN: UK and ROI-wide surveillance study involving both the British Paediatric Surveillance Unit (BPSU) and the Child and Adolescent Psychiatry Surveillance System (CAPSS). The methodology used will be similar to two previous successful joint BPSU/CAPSS studies on early-onset eating disorders and conversion disorder.

STUDY POPULATION: Children and young people aged 4-16 years (4-15.9 years) living in the UK and ROI.

BPSU/CAPSS METHODOLOGY: All consultant Paediatricians (BPSU) and Child and Adolescent Psychiatrists (CAPSS) who are members of the Royal College of Paediatrics & Child Health, Royal College of Psychiatry or respective Irish colleges are sent an orange BPSU/CAPSS notification card each month listing a number of notifiable conditions. They are asked to report new patients meeting case definition criteria for any of these conditions. Positive cases are reported to the BPSU/CAPSS who inform the investigators. The orange cards contain no patient identifiers. Study investigators contact responding clinicians directly to request further information about reported cases. Follow-up questionnaires are used to evaluate clinical and treatment outcomes.

In this study, in order to identify as many cases as possible, we will also directly contact Psychiatrists working in adult GID clinics across the UK, as it is possible that a small number of older adolescent patients may present first to an adult GID service. We will first email them about joining the surveillance for this specific project, and then add them to the CAPSS mailing list to get a monthly card.

CASE DEFINITION CRITERIA: In this study, clinicians will be asked to report all new patients meeting GID case definition criteria over a 13-month period. The aforementioned Scottish primary care study by Wilson et al. (1999) suggests that non-specialists in GID are able to recognise and report symptoms of gender dysphoria. Case definition criteria have been taken from the authoritative DSM-IV-TR (2000) and operationalised to ensure identification and notification of appropriate cases by non-specialists. These criteria have been validated against the last ten referrals to the London Gender Identity Development Service (GIDS) from a variety of sources (age range 5 to 16 years).

<u>BOTH</u> the following criteria (1 and 2) should be fulfilled:

1. A strong cross-gender identification for ≥ 6 months

(i) In children <12 years, this requires 2 or more of the following:

a) In boys, preference for cross-dressing or simulating female attire; in girls, insistence on wearing only stereotypical masculine clothing;
b) Strong preferences for cross-sex roles in make-believe play or fantasies of being the other sex;
c) Intense desire to participate in the stereotypical games and pastimes of the other sex;
d) Strong preference for playmates of the other sex.

(ii) In adolescents ≥ 12 years, this requires 1 or more of the following:

a) Frequent passing as the other sex (adopts clothing, hairstyle of the other sex)
b) Desire to live and be treated as the other sex
c) Belief that their feelings and reactions are typical of the other sex

2. a) Distress or unhappiness with his/her biological sex (e.g. Stated dislike of/aversion to or self-inflicted injury to their primary or secondary sexual characteristics, request for physical intervention to alter their physical sexual characteristics to those of the other sex)

OR

b) Stated desire to be or belief that he/she is or should be the other sex

Exclusions:

(i) GID cannot be diagnosed in children with known intersex conditions (disorders of sexual differentiation)

(ii) Major psychotic disorder in which gender is one element of a wider delusional system. [Cases where gender identity is the only identified "delusion" should be included.]

CASE VALIDATION: Responding clinicians will be asked to complete a questionnaire about each case. An expert panel comprising Sophie Khadr, Polly Carmichael and Vicky Holt will evaluate the validity of reported cases using the DSM-IV-TR criteria (analytic case definition).

EXPECTED NUMBERS: A power calculation is not applicable to this study. The London child and adolescent Gender Identity Development Service (GIDS), which acts as a de-facto UK national referral service, received 85 referrals in 2008/2009 and 97 referrals in 2009/2010. We estimate these to represent 60-90% of cases nationally. Only 1% of 2009/2010 referrals came from Wales and there were no referrals from Scotland; clearly, not all cases are seen by the GIDS team and we understand that a small number of patients are seen in services in Nottingham and Glasgow. We know that <5 cases are handled locally in Northern Ireland with support from the London service. The number of new cases in the ROI annually is less clear but expected to be small. Thus, we expect a total of 110-150 cases per year. If these estimates are significantly in error, it is extremely unlikely that there would be more than 200 cases per year.

CALCULATING THE INCIDENCE: We will include only validated cases when calculating the incidence of childhood/adolescent GID. We will divide the confirmed number of validated cases by the base population, sourcing the denominator data as follows:

We will use UK mid-year population estimates from the Office of National Statistics for children and young people aged 4-15 years inclusive (4-15.9 years). These data are sourced from the Office for National Statistics (England & Wales), the General Register Office for Scotland (Scotland) and the Northern Ireland Statistics and Research Agency (Northern Ireland) and provide estimates of the resident population by single year of age and sex. For the ROI, we will use annual population estimates for children and young people aged 4-15 years inclusive (4-15.9 years) sourced from the Central Statistics Office in Ireland. These also provide estimates of the resident population by single year of age and sex.

FOLLOW-UP QUESTIONNAIRES: We will contact clinicians again to evaluate clinical and treatment outcomes at 12 and 24 months after notification. Persistence of or significant reduction in cross gender behaviour has been reported at 1-year follow-up in a clinical sample (Zucker et al. 1985). This study will benefit from a 2-year follow-up period in which to evaluate outcomes. Where patients have been referred onward, clinicians will be asked to forward follow-up questionnaires to the current healthcare provider.

STATISTICAL ANALYSIS: We will generate descriptive statistics. Continuous data will be expressed as mean (standard deviation) if Gaussian or median (range) if non-Gaussian. Comparisons between groups will be performed using the two-sample t-test or the Mann-Whitney U test as appropriate. We will use the Chi-squared or Fisher's exact tests to compare categorical data. We will have departmental statistical support.

ETHICS AND RESEARCH GOVERNANCE: In line with established BPSU/CAPSS methodology, explicit patient consent will not be sought. There will be no patient identifiers on the orange notification cards. We will minimise the number of patient identifiers on the baseline and follow-up questionnaires sent to responding clinicians (NHS and hospital numbers, date of birth, sex, first part of postcode). We will seek approval under Section 251 from the National Information Governance Board (NIGB) Ethics and Confidentiality Committee to use these personal data (England and Wales) before commencing the study. We will adhere to the principles of the Data Protection Act (1998) and Caldicott Report (1997) regarding use and storage of patient data.

ADVISORY COMMITTEE: We will set up an independent study advisory committee of experts and a service user or support group representative whom we will consult about any issues raised during the study (fully anonymising any patient data). The committee will meet regularly to monitor the study and review study progress. We will also consult the advisory group where there is a lack of consensus between expert panel members as to whether a patient meets GID case definition criteria (again using fully anonymised data).

DATA STORAGE AND ARCHIVING: Only members of the study team will have access to patients' identifiable data. On receipt of a completed questionnaire the study applicants will detach the front sheet of questionnaire (containing patient identifiable information) from the clinical data sheets of the questionnaire (containing anonymous research data). The front sheet and the clinical data sheets will be linked by a unique BPSU/CAPSS study number.

The questionnaire front sheets and clinical data sheets will be stored separately in secure locked cabinets in a locked room with restricted access.

Pseudonymised, encrypted, password-protected clinical data (including year and month of birth, sex and first part of post code but NOT NHS or hospital numbers) will be stored on a single password-protected University College London (UCL) desktop computer protected by a firewall with a 'default deny inbound' rule. The computer will be located in a locked room with restricted access. Paper and electronic records will be linked by the same unique BPSU/CAPSS study number.

Any results printouts and a back-up hard drive will be stored in a locked cabinet in a locked room with restricted access. These will contain pseudonymised clinical data including year and month of birth, sex and first part of postcode but NOT NHS or hospital numbers.

Paper questionnaire front sheets containing patients' identifiable information will be securely destroyed at study completion using a cross-cut electronic shredder. Electronic data shall be destroyed according to the UCL ICH IT Disposal policy. Any related computer printouts will be permanently destroyed using a cross cut electronic shredder.

The following will be archived for 20 years after study completion in a secure UCL off-site storage facility:

- Paper questionnaires containing anonymised clinical data
- Pseudonymised electronic data (year and month of birth, sex and first part of postcode but NOT NHS or hospital numbers) stored on CD or similar.

The UCL Records Office maintains archived records in a safe and secure off site location. All activities are conducted in accordance with the Data Protection Act and UCL Data Protection Policy. Access to the data is strongly regulated and permissions to access the data are treated case by case.

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BRITISH PAEDIATRIC SURVEILLANCE UNIT

WHAT IS THE BRITISH PAEDIATRIC SURVEILLANCE UNIT (BPSU)?

The aim of the BPSU is to encourage the study of rare conditions in children. It was founded in 1986 by the Royal College of Paediatrics and Child Health, the Health Protection Agency and the Institute of Child Health (London).

WHAT DOES THE BPSU DO?

It allows doctors and researchers to find out how many children in the UK and the Republic of Ireland are affected by a particular disease or condition each year - this is called epidemiological surveillance. Doctors can also gather information about all the cases of a particular rare condition so they can begin to understand what might have caused it and how to diagnose and treat.

On receiving the card, the BPSU informs the investigation team, who send the reporting doctor a short confidential questionnaire for more information about the affected child. BPSU researchers never contact families or children and surveillance studies don't ever affect a child's treatment. The purpose is ONLY to collect information to learn more about the condition.

HOW DOES THE BPSU WORK?

Each month the unit sends a distinctive orange card to over 3200 consultant paediatricians; the card lists the rare conditions currently being studied.
If a doctor has seen a child affected by one of these conditions they tick a box on the card and return it to BPSU.

WHAT HAS THE BPSU ACHIEVED?

PUBLIC HEALTH IMPACT

The BPSU has now helped to undertake surveys of over 70 rare conditions which may affect children. These have helped to increase understanding of why the conditions occur and can help to provide better diagnoses and treatments.

(From the BPSU Public Information Leaflet – 'Investigating rare childhood conditions for the future health of the nation')

For further information contact:
British Paediatric Surveillance Unit
Royal College of Paediatrics & Child Health
5-11 Theobalds Road, London WC1X 8SH
Tel: +44 (0)20 7092 6174
E-Mail: bpsu@rcpch.ac.uk
Website: http://bpsu.inopsu.com

BRITISH PAEDIATRIC SURVEILLANCE UNIT & CHILD AND ADOLESCENT PSYCHIATRY SURVEILLANCE SYSTEM

PUBLIC INFORMATION SHEET

GENDER IDENTITY DISORDER STUDY

TOWARDS BETTER TREATMENT AND MANAGEMENT OF CHILDREN AND YOUNG PEOPLE WITH GENDER IDENTITY DISORDER

WHAT IS GENDER IDENTITY DISORDER?

Some people describe this as feeling they are in the wrong body or that their gender and body do not match. Children and young people with GID experience significant distress that frequently increases in intensity when they go through the physical changes of puberty. There are increased risks of self-harm, suicide and eating disorders.

WHY DOES GENDER IDENTITY DISORDER DEVELOP?

- No single cause has yet been found for the development of a gender identity disorder.
- There is some evidence that it can occur in young people with an autistic spectrum disorder.
- Most young people who experience gender dysphoria in childhood find these feelings decrease after puberty.
- In a few, gender identity disorder continues into adulthood and they may want to discuss undergoing a sex change
- More information is needed to help us understand why gender identity disorder decreases for some young people and continues for others.

How Will Affected Children be Treated?

Children and young people with a diagnosis of GID often experience significant distress and isolation, both in relation to their feelings about their gender and the reactions of others to their predicament. National and international guidelines for the management of GID recommend a multidisciplinary team approach including specialist psychological, psychosocial and endocrine (hormonal) support. Many children and young people with gender dysphoria are referred to the Gender Identity Development Service (GIDS), a national specialist service based in London. We do not know how many young people are managed locally by other services and what kind of support they receive.

The GIDS is a multidisciplinary team including both mental health and medical professionals experienced in assessing and managing gender dysphoria. The aim of the GIDS is to promote understanding and exploration of the young person's feelings about their gender. The service works closely with local professionals involved in a young person's care to support their social, emotional and developmental needs.

In appropriate cases, young people can be assessed by a paediatric endocrinologist working with the multidisciplinary team and prescribed hormonal treatment to suppress pubertal hormones. The aim of this treatment is to reduce distress associated with pubertal development.

The Gender Identity Study

We do not know how common GID is in children and young people in the UK and Republic of Ireland, how long it persists and what is the best management for this condition. The National Commissioning Group funds a specialist GID service in London and is commissioning a satellite service in northern England. This study will provide important information to inform health service planning for this vulnerable group.

The British Paediatric Surveillance Unit (BPSU) and the Child and Adolescent Psychiatry Surveillance System (CAPSS) are supporting this study, as well as the National Commissioning Group (NCG) and the Mermaids support group (www.mermaids.org.uk Tel: (0208) 1234819.

What Will This Mean For Children With GID?

Medical doctors caring for children and young people with probable GID will send us some information about the development of their condition. Individual children will not be identified. Through this information we hope to increase our understanding of when Gender Identity Disorder develops, the difficulties that children and young people with this diagnosis experience and improve access to appropriate treatment.

Where Is This Study Happening

The study will be taking place in all hospitals and child and adolescent mental health services across the United Kingdom, Republic of Ireland and the Channel Islands.

How Long Will It Go On For?

The study will continue for three years.

What are the possible risks and benefits

The care and treatment that children and young people with Gender Identity Disorder are receiving will not change during this study. However we hope that by learning more about Gender Identity Disorder, diagnosis and care will improve in the future. The information collected will not identify individual children and patient confidentiality will be maintained at all times.

Who Should Be Contacted If I Have Any Questions About This Study?

Please contact the <<<study investigators>>> or BPSU (see over page for address) if you wish to know more about the study.

CAPSS CHILD & ADOLESCENT PSYCHIATRY SURVEILLANCE SYSTEM CCQI

Case notification form - Strictly Confidential

Gender Identity Disorder Study

The first page of the case notification form will be stored separately from the rest of the questionnaire and personal identifying information for the case will be used only for linkage of records.

Please answer all questions to the best of your ability.

In order to help us collect the best quality data possible and reduce the likelihood of us needing to re-contact you for further information please ensure you select *'Not known'* where appropriate rather than leaving a question blank.

Reporting Instructions:

Please report any child/young person aged 4-15 years inclusive (i.e. 4-15.9 years) meeting the case definition criteria below for the first time in the last month.

Case Definition:

BOTH the following criteria (1 and 2) should be fulfilled. See Appendix A for detailed diagnostic criteria:

1. A strong cross-gender identification for ≥ 6 months

2. a) Distress or unhappiness with his/her biological sex

OR

b) Stated desire to be or belief that he/she is or should be the other sex

Section A: Reporter Details

1.1 Date of completion of questionnaire: ☐☐/☐☐/☐☐☐☐

1.2 Department of clinician completing the questionnaire: _____

1.3 Hospital name: _____

1.4 Telephone number: _____

1.5 Email: _____

1.6 Has the patient been referred **to** another unit/centre? Yes ☐ No ☐

If yes: Please name unit/centre: _____

Has the patient been referred **from** another unit/centre? Yes ☐ No ☐

If yes: Please name unit/centre: _____

Section B: Case Details

2.1 NHS/CHI No.: ☐☐☐ ☐☐☐ ☐☐☐☐

2.2 Hospital No.: ☐☐☐ ☐☐☐ ☐☐☐☐

2.3 First part of postcode: ☐☐☐☐ Town of current residence **(if ROI):** _____

2.4 Biological Sex: Male ☐ Female ☐ Date of birth: ☐☐/☐☐/☐☐☐☐

2.5 Ethnicity*: ☐☐ Specify if any 'other' background: _____

**Please choose the correct ethnicity code from Appendix B*

Section C: Presenting Features

In order to help us collect the best quality data possible and reduce the likelihood of us needing to re-contact you for further information please ensure you select *'Not known'* where appropriate rather than leaving a question blank.

3.1 Date of putative diagnosis (based on clinical presentation) leading to notification being made: ☐☐/☐☐/☐☐☐☐

3.2 Which of the following symptoms had been present by the time of notification?: *(Please tick Yes/No/Not Known)*

Symptom	Yes	No	Not known	Age at onset (years):
Distress or unhappiness with his/her biological sex (Examples: Stated dislike of/aversion to 1º or 2º sexual characteristics; self-inflicted injury to 1º or 2º sexual characteristics; request for physical intervention to alter their physical sexual characteristics to those of the other sex)	☐	☐	☐	☐☐ yrs
Stated desire to be or belief that he/she is or should be the other sex	☐	☐	☐	☐☐ yrs
In children aged < 12 years:				
In boys, preference for cross-dressing or simulating female attire; in girls, insistence on wearing only stereotypical masculine clothing	☐	☐	☐	☐☐ yrs
Strong preferences for cross-sex roles in make-believe play or fantasies of being the other sex	☐	☐	☐	☐☐ yrs
Intense desire to participate in the stereotypical games and pastimes of the other sex	☐	☐	☐	☐☐ yrs
Strong preference for playmates of the other sex	☐	☐	☐	☐☐ yrs
In adolescents aged ≥ 12 years:				
Frequent passing as the other sex (adopts clothing, hairstyle of the other sex)	☐	☐	☐	☐☐ yrs
Desire to live and be treated as the other sex	☐	☐	☐	☐☐ yrs
Belief that their feelings and reactions are typical of the other sex	☐	☐	☐	☐☐ yrs

3.3 If known, what was the Tanner stage at diagnosis?* ☐ Tanner stage not known ☐

**Please choose and write in the correct stage from Appendix C*

Section D: Referral Source

4.1 Who referred the child/young person to you ?:

- GP ☐
- Paediatrician ☐
- Psychiatrist ☐
- Other ☐ Please specify _____
- Not known ☐

Section E: Co-morbid Psychiatric History

5.1 Is there another current psychiatric condition diagnosed in this child/young person?:

Depressive disorder	Yes	☐	No	☐	Not Known	☐
Any anxiety disorder (incl. school phobia)	Yes	☐	No	☐	Not Known	☐
Conduct or oppositional defiant disorder	Yes	☐	No	☐	Not Known	☐
Eating disorder	Yes	☐	No	☐	Not Known	☐
Obsessive compulsive disorder	Yes	☐	No	☐	Not Known	☐
Attention deficit hyperactivity disorder	Yes	☐	No	☐	Not Known	☐
Autistic spectrum disorder / Aspergers	Yes	☐	No	☐	Not Known	☐

If yes, diagnosed by whom? _____

Any other mental disorder (please state): _____

5.2 Is there any previous history of self-harm or suicide attempt? Yes ☐ No ☐ Not Known ☐

If yes, please specify: _____

Section F: Family and Social History

6.1 Is the child/young person living with:

- A single parent ☐
- Married or co-habiting parents ☐
- Separated/divorced parent (± new partner) ☐
- Adoptive parent(s) ☐
- Looked after by other family member ☐
- Looked after by local authority ☐
- Not Known ☐

How many siblings are living with the child/young person: _____

6.2 Please list thier gender(s): _____

6.3 Is there any history of:

A psychiatric disorder in a parent (or other primary carer)	Yes	☐	No	☐	Not Known	☐
Being a looked after child	Yes	☐	No	☐	Not Known	☐
Abuse requiring Social Services referral	Yes	☐	No	☐	Not Known	☐
Bullying requiring school action	Yes	☐	No	☐	Not Known	☐
Reduced school attendance (<95%)	Yes	☐	No	☐	Not Known	☐
Suspension or expulsion from school	Yes	☐	No	☐	Not Known	☐
Involvement with youth offending team or other forensic services	Yes	☐	No	☐	Not Known	☐

6.4 Where is the child schooled:

- Fully mainstream ☐
- Fully special school ☐
- Special unit within a mainstream school (including pupil referral unit) ☐
- Fully home schooled ☐
- Other ☐
- Not Known ☐

Section G: Clinical Management

7.1 Please indicate if any of the following steps have been taken:

Discharge	Yes	☐	No	☐	Date	DD/MM/YY
No active treatment but continues in follow-up	Yes	☐	No	☐	Date	DD/MM/YY
Hormone evaluation	Yes	☐	No	☐	Date	DD/MM/YY
Refer Paediatrician	Yes	☐	No	☐	Date	DD/MM/YY
Refer Paediatric Endocrinologist	Yes	☐	No	☐	Date	DD/MM/YY
Inpatient Paediatric admission	Yes	☐	No	☐	Date	DD/MM/YY
Refer local CAMHS team	Yes	☐	No	☐	Date	DD/MM/YY
Inpatient Psychiatric Admission	Yes	☐	No	☐	Date	DD/MM/YY
Refer specialist GID service	Yes	☐	No	☐	Date	DD/MM/YY

7.2 If referred to a specialist GID service, please provide details:

_____

What were the findings?

_____

Thank you for taking the time to complete this Questionnaire

Please print and return the completed form in the stamped addressed envelope to:

Dr. Sophie Khadr

Clinical Lecturer

General and Adolescent Paediatrics Unit, UCL Institute of Child Health, 30 Guilford St., London WC1N 3EH

If you have any questions about the study please do not hesitate to contact the investigators by email / telephone:

Telephone: **020 7905 2190** **Email:** **s.khadr@ucl.ac.uk**

Appendix A: Detailed Diagnostic Criteria

BOTH the following criteria (1 and 2) should be fulfilled:

1. A strong cross-gender identification for ≥ 6 months

(i) In children <12 years, this requires 2 or more of the following:

a) In boys, preference for cross-dressing or simulating female attire; in girls, insistence on wearing only stereotypical masculine clothing;
b) Strong preferences for cross-sex roles in make-believe play or fantasies of being the other sex;
c) Intense desire to participate in the stereotypical games and pastimes of the other sex;
d) Strong preference for playmates of the other sex.

(ii) In adolescents ≥ 12 years, this requires 1 or more of the following:

a) Frequent passing as the other sex (adopts clothing, hairstyle of the other sex)
b) Desire to live and be treated as the other sex
c) Belief that their feelings and reactions are typical of the other sex

2. a) Distress or unhappiness with his/her biological sex

(e.g. aversion/self-inflicted injury to their primary or secondary sexual characteristics, request for physical intervention to alter their physical sexual characteristics to those of the other sex)

OR

b) Stated desire to be or belief that he/she is or should be the other sex

Exclusions: GID cannot be diagnosed in children with known intersex conditions (disorders of sexual differentiation)

Appendix B: Coding for Ethnic Group (ONS 2001 for UK wide data collection)

		Ethnicity Code	
A	**White**	**1**	Any White background
B	**Mixed**	**2**	White and Black Caribbean
		3	White and Black African
		4	White and Asian
		5	Any Other Mixed background, *please write in* ***section B***
C	**Asian or Asian British**	**6**	Indian
		7	Pakistani
		8	Bangladeshi
		9	Any Other Asian background, *please write in* ***section B***
D	**Black or British Black**	**10**	Caribbean
		11	African
		12	Any Other African background, *please write in* ***section B***
E	**Chinese or other ethnic group**	**13**	Chinese
		14	Any Other, *please write in* ***section B***

Appendix C: Tanner staging of pubertal growth

Males	Tanner I:	preadolescent
	Tanner II:	testicular enlargement and thinning of scrotal skin
	Tanner III:	penile enlargement and continued increase in testicular size
	Tanner IV:	further testicular/penile enlargement and appearance of pubic hair
	Tanner V:	adult testicular/penile size and pubic hair distribution
Females	Tanner I:	preadolescent breast
	Tanner II:	breast tissue development with onset of areolar enlargement and sparse longitudinal labial pubic hair
	Tanner III:	increase in breast tissue volume, areolar enlargement and coarser, curlier pubic hair
	Tanner IV:	adult breast shape with elevation of the nipple and thickening and broader distribution of pubic hair
	Tanner V:	mature adult breast shape and contour and adult pubic hair character and distribution

From:	Helen Belcher
To:	[redacted]; Polly Carmichael; [redacted]; Susie Green (Mermaids)
Cc:	barkere@[redacted]Baroness GOULD; [redacted]@stonewall.org.uk
Subject:	Parliamentary Forum on Gender Identity
Date:	24 September 2015 10:20:14
Attachments:	Notes from Meeting of Parliamentary Forum on Gender Identity - 29 July 2015.pdf

Dear all
Please find attached the minutes from our July meeting.
The next meeting has been scheduled for **4pm on Tuesday 13 October in Fielden House**. The focus for the meeting will be the future direction of the Forum, although we have also asked for an update from DfE..
The subsequent meeting has been scheduled for 4pm on Tuesday 15 December, although we are trying to ask the Baroness who has currently booked the Wednesday 16th if it is possible to rearrange her meeting.
Many thanks
Helen

Notes from Meeting of Parliamentary Forum on Gender Identity

Fielden House, Wednesday 29 July 2015

Chair Baroness Barker (BnsB)

Notes taken by Helen Belcher (HB) *(Trans Media Watch & LGBT Consortium)*

Others Present
Louise Baker (LB) (*Department for Education*)
JennyAnne Bishop (JAB) *(Trans Forum Manchester)*
Dr John Dean (JD) *(The Laurels Clinic, Exeter)*
Suzanne Dean (SD) *(NOMS)*
Susie Green (SGG) *(Government Equalities Office)*
Susie Green (SGM) *(Mermaids)*
Joan King (JK) *(Gender Trust)*
James Morton (JM) *(Scottish Transgender Alliance)*
Prof Zoë Playdon (ZP) *(University of London)*
Alison Pritchard (AP) *(Government Equalities Office)*
Terry Reed (TR) *(GIRES)*
Clara Thompson (CT) *(Ministry of Justice)*

Apologies
Alice Ramsay
Jay Stewart
Alison Stradling – Clara Thompson attended in her place
Prof Kevan Wylie

0 Introductions

Given the number of new attendees and returnees, BnsB started the meeting by explaining the Forum's current position.

SGG queried where the Trans Organisations Network, facilitated by the LGBT Consortium, fits into the current discussions. AP suggested that the Forum has a role to work with the GEO in bringing government departments together as the government's plan for the Parliament emerges.

BnsB hoped that a clearer focus for the Forum would emerge by the middle of 2016, together with a programme of work.

1 Minutes of Last Meeting

HB informed the meeting that she had amended the draft minutes based on comments received back by a handful of Forum members.

No comments were made on the revised minutes.

2 Matters Arising

SD informed the Forum that the revision of the Prison Service Instructions had incurred some delay due to both a change in scope and staff absence. She stated that it will include the Probation Service. The second round of internal consultation was due to start shortly. There may not be a full public consultation but NOMS are intending to consult with some external agencies. She was hopeful that the situation would have progressed by the end of August.

TR raised an issue regarding a statement in a prior meeting's minutes about prisoners seeking access to gender services. Her experience as a prison visitor indicated that prisons were too hostile for prisoners pretending to be trans, but asked whether NOMS had any indication whether this was happening. JAB stated that there was a report on this issue in the press. BnsB reminded the Forum that NOMS would be bound by patient confidentiality, but asked NOMS to see if there was any evidence to support the allegation.

Action	NOMS to identify whether there is any substantiation for the rumours of prisoners pretending to be trans in order to access gender services or different estates

HB read out the relevant section of the notes from the July 2014 meeting, and raised concerns over where the minutes are being distributed to. Her understanding was that the minutes were confidential to the members of the Forum.

ZP felt that the rumours arose from the strong trope that trans people are all masquerades, and suggested that the Forum needed to see clear evidence and clarify that transphobia played no part.

HB reported that she had received a letter from Carol Gokce (Cabinet Office) regarding changes to the rules around voter registration, and that she will revisit the need for documentation on associated issues when the changes are publicly announced, which she understands will be in September. She also understood that changes needed to be laid before Parliament. BnsB suggested that briefing notes are sent to each political party (the parts which look at elections, their Secretary Generals and their Parliamentary spokespeople) outlining what the effects will be for trans people.

Action	HB to review need for briefing documents on voter registration

Ruth Hunt had not yet sent through the roadmap requested at the last meeting, but it was possible that Stonewall had not yet reached that point. BnsB agreed that Ruth Hunt should be added to the circulation list for Forum minutes.

Action	RH to provide Stonewall roadmap to Forum once it is agreed

3 Issues Affecting the Education of Trans Children

BnsB had tabled a couple of questions in the House of Lords, but had received what she felt was a non-committal reply from the Minister.

TR stated that GIRES were encountering a number of schools that were causing issues around name changes on school systems and exam certificates, and there hadn't been any strong guidance from either the GEO or DfE.

SGM explained her experience was that schools were either incredibly willing and supportive of trans children, or they refused to engage at all, making it practically impossible to negotiate with them. She reported one case where a 16 year-old had changed their name by deed poll, but the school refused to change their name claiming that the parents disagreed with the action. Mermaids had reported this case to the EHRC, but require parental consent in order to take the case forwards, which is unlikely to be forthcoming. She stated that there was guidance out there, formulated by local authorities (*eg*. Brighton and Hove, Cornwall) but some schools simply ignore it. There has been no directive or guidance from the DfE, so she is having to rely on her interpretation of the Equality Act when talking with schools.

TR stated that DfE needs to understand the impact on and damage to young people if systems ignore who they are. She knows of several transitioning children who are 7 or younger. SGM confirmed that Mermaids are currently dealing with about 20 families with transitioning or transitioned children aged under 10, mainly in state schools. HB noted that this could cause those children significant problems on entry into secondary education at 11 or 13. JD noted that secondary school transfer was always a trigger for problems, for example self-harming.

AP understood that there were a package of issues, some on school systems, that had got the Secretary of State's attention. There were a second group of issues around the legality of some school's actions, and some attention needs to be given into those schools who are not complying. A third area was around supporting teachers. She wasn't sure that guidance was required, but rather sharing support and best practice. She felt that teachers generally wouldn't seek guidance until the situation arose.

LB added that SGM had already outlined some of the issues. She didn't think there was any ruling or directive from the DfE that stated that schools must always use the name on the birth certificate, but that the wording in the regulations is "legal name" without any description of what that actually means. She understood the guidance to be that, if there is a question about a pupil's identity, it was the school's responsibility to ask the parent and pupil alongside appropriate equality guidance. The clear ruling was that schools must not discriminate. She did wonder whether guidance needs to be strengthened.

SGM replied that clarity from sources was paramount. She would like something definitive that applies for any age. She noted that some schools had reported parents to social services for allowing their child to transition. One school had refused to let a child through the door stating

that their uniform policy was based on the gender on the student's birth certificate, even though the parents had a deed poll. Any document issued should be allied with evidence of good practice.

ZP wondered whether schools who have handled a child's transition well could be asked to assist other schools. SGM added that schools which had done this were often very proud of what this said about their inclusivity, but that confidentiality can be an issue. But she is aware of lots of schools asking for guidance.

AP replied that the GEO will do some further thinking on this issue, but that she is resisting issuing more formal guidance. SGM noted that, given the wide audience of professionals affected by this issue, it would make life a lot easier if a definitive document was available. TR wondered whether DfE would clearly endorse existing documents. GIRES has two relevant documents, one covering a child's transition, and the other covering a teacher's transition. Endorsement of these documents would help. HB noted that schools often had to deal with parents or other relatives of children transitioning. TR added that children and teachers need to know this information before the point of an individual's transition.

JD noted that the CQC looks at this issue when inspecting medical and care institutions, and wondered whether Ofsted did this. SGM replied that schools get acknowledgement from Ofsted about good equality policies, and that schools can use this as a marketing statement.

BnsB wanted to keep this item under review over the coming year. She felt that there was lots that could be done, for example talking with teachers unions, research into the educational outcomes of transitioning children, and so on. She felt it would be preferable if DfE would push the issue as it makes the recalcitrant focus their minds. Any documentation would have multiple audiences, including those schools who are obstructionist, and those schools who are actively looking for positive support.

JAB wondered whether there was any space for highlighting good practice. SGM felt this was a good idea, as it would be a good accolade for those councils.

BnsB noted that Stonewall were starting on trans inclusivity and training as part of their schools programme, so she wanted to talk with Stonewall about what they are planning to do. SGG noted that Stonewall had been working with Jay Stewart and Gendered Intelligence.

Action	BnsB to talk with Ruth Hunt about Stonewall's school education programme

BnsB asked if anyone knew who was responsible for teachers' CPD. HB replied that she thought it would be the responsibility of the governing bodies.

BnsB asked LB to update the Forum at the next meeting.

Action	LB to attend next Forum meeting with update on DfE current thinking on guidance

4 Healthcare and Issues in NHS Provision

JD reported on his understanding of current progress within NHS England, which is focusing on capacity in surgery, gender identity clinics, engagement with other areas within the NHS, care of children and young people, primary care and accreditation.

In terms of surgery, the cash limit has now been removed, meaning that the limitation is now the number of surgeons. Training of new surgeons is now progressing, but the training does slow existing surgeries down. There seems to be adequate capacity in virilisation surgeries, but the current delays need some exploration and explanation. There seem to be some issues around standards of care for chest surgeries for trans men and non-binary people. NHS England is looking to develop a register of surgeons who sign up to acceptable standards.

Capacity within gender identity clinics is woefully inadequate. Commissioning teams appear worried about unlimited activity leading to an unknown budget. NHS England is looking into some creative ways of working, including working with non-prescribers and doctors within primary care, but there is some disagreement between those already working in this area as to how this might be done or whether it is preferable.

NHS England held a symposium on 30 June which looked at problems that are outside NHS England's capacity to deal with. Different models of care together with an informed consent model were discussed. The GMC discussed a process of accreditation for medical areas affecting small numbers of people. JD believes that doctors working in this area should be able to gain accreditation at a number of levels. Health Education England did not attend the symposium, but are looking to develop a paper on trans issues for their advisory group. The BMA also did not attend.

There seems to be growing resistance by GPs leading to a lack of collaboration with gender identity clinics. Previously supportive GPs now seem to be coming under pressure from their colleagues to withdraw from services they don't get paid for. JD made the point that GPs are also vulnerable and would like some engagement from the appropriate Royal Colleges.

The GMC is interested in publishing guidance for this area, a process that re-started in November 2014. The guidance may indicate that it is unethical to refuse to prescribe if there is support from a suitable professional service.

The publication of waiting time information by UK Trans Info, while welcomed by JD, has had the effect of driving up waiting times at those clinics which had low waiting times. For example, the Laurels clinic now has a waiting list of 26 weeks – this increase of 8 weeks was caused by an influx of new referrals over 6 weeks. But JD believes it is useful to have these statistics to show how much crisis the service is in.

JD hoped that processes within each gender identity clinic would be clarified by the end of July. Some services have been proposing to offer all elements of possible care on the basis of block

payments. However JD believes that commissioners will move to a cost-per-case basis. He also anticipates some challenges in the months ahead when attempting to achieve equality between the different clinics.

TR raised the GIRES eLearning resource for GPs. JD stated that this was helpful when GPs were being obstructive.

HB questioned what the training capacity for surgery currently was. JD replied that the number of surgeons limited that capacity, but that James Bellringer had offered his assistance. JAB added her concerns about capacity given Tina Rashid's move to Parkside Hospital alongside James Bellringer. JD stated that Tina Rashid's move didn't mean that she would stop doing surgeries within Imperial College Trust. BnsB wondered whether it would be worth tabling a question about the steps NHS England were taking to ensure adequate training capacity. JD replied that he thought we would know what the answer would be, and suggested informal discussions with Imperial College Trust first.

SGG noted that the new House of Commons Women and Equalities Committee had just launched an inquiry into trans issues, and one of their topics would be access to healthcare. Evidence to the Committee could be submitted until 21 August.

ZP raised the recent Montgomery v Lancashire case, where a diabetic woman had given birth but the doctor hadn't told her about the risk of surgery. The court held that she should have been told about all risks of surgery, meaning that the Bolam test no longer applies to the principle of consent. She wondered what NHS England's Task and Finish group had made of that judgement.

JD replied that the judgement made for some interesting (and long) discussions when, for example, prescribing the contraceptive pill. He felt that the judge in the case had not struck an adequate balance between the level of risk and the gravity of consequence. In any case, patients must agree to psychotherapy, even though he is aware that refusal causes problems in some clinics.

ZP noted that coercion is an issue, and felt that some gender identity clinics would then fall foul of the recent ruling. JD replied that there would probably be some intense discussions over the following few months. He recognised that a one-size-fits-all approach was not appropriate, and that care pathways should be individualised and based on the patient context.

BnsB stated that, if the Forum could assist in these areas, it would do, but she noted that it can be difficult to get hold of both the Department of Health and NHS England. JD repeated his perception, that NHS England are doing their best at the moment, and that they were not backtracking on commitments made. He noted that Dame Barbara Hakin had been championing this cause at Board level.

5 Trans People and Prisons

TR noted that she had heard some bad stories about trans people in secure units, and was thinking about drafting a protocol along the same lines as that for PSO and PSI. But she had no idea who was responsible within the NHS for secure units. JD noted that he had never had any contact with the prison medical service, and believed the key partnership was with the GP. He also noted that prisoners had a lot of missed appointments because of the lack of accompaniment. BnsB thought the responsible agency was probably the local mental health trust. JM stated that the Scottish Mental Welfare Commission defended rights of trans people in Scottish prisons. JD understood that the Devon Partnership Trust had a relationship with their local secure unit.

BnsB suggested talking with MIND to determine the best route to take. She noted that Broadmoor comes under West London Mental Health Trust. TR noted that some secure units were a very long way away from gender identity clinics. JM wondered whether there was an equalities issue to be raised regarding access to appropriate treatment.

Action	TR to talk with MIND about responsibilities within secure units

6 Issues with Gender Recognition Act

JM started by stating that the Gender Recognition Act was applied at a UK level, but the Scottish Transgender Alliance are talking with the Scottish Parliament about possible reforms to it within Scotland. There were three key topics to consider:

The first was reducing the age at which a Gender Recognition Certificate could be awarded. He noted that 16 year-olds could get married, but could not get a GRC, but that provision of GRCs to 16 and 17 year-olds was ruled out of scope during recent debates on marriage legislation. However recognition of gender for under 16s also needs to be addressed, possibly by reducing the age of responsibility, possibly by providing a route whereby GRCs could be issued with parental approval or (in Scotland) with the approval of the Children's Panel.

The second was changing the evidence required. Gender could be changed on a passport by providing a doctor's letter and a statutory declaration. The recent Irish gender recognition legislation just needs a statutory declaration – the medical component has been removed. The Equality Act does not demand any medical intervention in order for a trans person to be protected. Therefore gender recognition should not require a psychiatric assessment or diagnosis. A psychiatrist's duties were not to determine what gender you should be.

The third was enabling people to be not defined as either male or female. There are a lot of questions raised by this issue, but JM thought there were better ways to amend existing gendered legislation than adjusting each law separately.

Any legislation in this area passed in Scotland would need corresponding changes to legislation by Westminster also. Therefore it would be advantageous to work on a UK level.

HB supported each of the points made by JM, and noted that Ireland was not the only European country who now allowed someone to change their gender by self-certification.

JM stated that the STA would be looking for manifesto commitments from candidates in the 2016 Scottish elections. The STA are also working on timescales for legislative change with the Scottish Government.

ZP thought that the GRA was great in the same way that the Civil Partnerships Act was great, but that society had largely moved on making the legislation look outdated. However she wondered what the objection was to simply re-issuing certificates as was done before Corbett v Corbett in 1970. JM said he had no objection to a simple process for re-issuing certificates.

BnsB replied that Forum members needed to understand the objections from people who don't understand trans people and the problems they encounter. This understanding was essential to know how to argue the case to best effect. For children, the question would be how a child's best interest could be determined. She noted that Children's Panels don't exist in England, so the question would be finding an equivalent locus. In terms of self-determination, consideration needs to be given to the arguments that would be made in terms of potential fraud and so on.

She felt the key difficulty would be the third point. People can understand that some folk don't want to be defined along gender lines, but the difficulty is then understanding what a declaration of no gender would mean. Answering questions like these would mean that parliamentarians would have greater confidence in amending the law.

TR noted that our society may be binary, but that other societies have a long history of non-binary identifications.

ZP noted that the Passport Office used to issue passports without a gender marker for those people who had just started transitioning. She also felt that the fraud argument was a complete red herring – people simply do not change gender in order to commit fraud, the process is too long.

AP added that society would need to buy into the concept of non-binary identities, and those discussions are not yet being had. Removal of gender markers is on the radar for decision makers, but this will be a long discussion. She acknowledged that gender markers are probably not required in a lot of cases. BnsB replied that the conversation may not be long if contra arguments were confronted head on.

AP thought that removing gender from driving licences may be one route. ZP queried why it was important for the state to know the gender of an individual. TR replied that it is useful for some medical purposes. JD noted that there were some somatic conditions that had some determination upon sex. HB noted that, in the 1990s, Lothian Health Board used a number

between 1 and 19 to note sex for medical purposes, to cope with a variety of intersex and trans conditions, but that the newer NHS systems only allowed two categories.

JD stated that the NHS service and specification documents had been written to allow non-binary people access to the full range of medical interventions. The medical question was how you determine someone was non-binary without self-determination. There was an urgent need for people to document non-binary identities within medical literature to increase medics' understanding.

BnsB asked for an update by JM for each Forum meeting, by email if necessary.

Action	JM to send email to HB before each Forum meeting outlining progress with Scottish Government if he cannot attend the Forum meeting

7 Future Forum Strategy

BnsB noted that it was becoming more apparent that the Forum's unique role and purpose needs to be defined. She would like to invite Ruth Hunt back towards the end of the year to look at (a) an update on Stonewall's strategy and (b) seeing how the Forum and Stonewall could pool resources. The Forum's lobbying operation is very limited. If lobbying is the Forum's purpose then it needs to ensure that it has more resources available to it. The Forum could potentially ask Stonewall to include some Forum members in their Trans Advisory Group's training programme, and then the Forum could start to ask people to attend to address specific issues. She would like Forum members to think about this approach, so that a clear programme of work can be derived for the following year For example, maybe we pull together a commission to talk to schools' management information providers.

Action	BnsB to ask Ruth Hunt to attend a Forum meeting by the end of 2015
Action	Forum members to consider what collaboration with Stonewall they would like to do

9 AOB

BnsB noted that Jane Fae had been pursuing Facebook over issues around their real names policy. HB confirmed that the meeting with Facebook had not yet happened.

JAB reported that Sparkle took place in Manchester in the second weekend of July. An estimated 7,500 visitors attended the park – the police estimate was nearer 10,000. It was estimated that Sparkle had injected around £5 million into the local economy.

JAB also reported that Trans Pride had taken place in Brighton the previous weekend. TR noted that the event was very vibrant. It was understood that around 1,000 people marched, and about 3,000 were in the park.

JAB noted that Swansea Sparkle was scheduled for 21 November.

JAB also reported on work with NHS Wales, UNISON and GIRES, making a good case for gender clinics in Wales. She agreed to send reports to HB.

Action	JAB to send reports on work with NHS Wales to HB

BnsB noted that a new All Party Parliamentary Group on LGBT International Issues had been formed, superceding a former group (Friends of Kaleidoscope Trust). Nick Herbert MP was the Chair of the APPG, and the vice chairs were Lord Cashman, Steward MacDonald MP and BnsB. There had been a big launch with press coverage in the Speaker's Apartments. A scoping document for the APPG was available online. She noted that the chair, all of the vice chairs and Mike Freer MP were aware of the Forum and asked whether they should be invited to a later meeting. She noted that "International" does include the UK. The aim was to establish the UK as a world leader for how countries conduct themselves.

Action	Forum members to consider whether the MPs and peers mentioned should be invited to a Forum meeting

Summary of Actions

1. **NOMS** to identify whether there is any substantiation for the rumours of prisoners pretending to be trans in order to access gender services or different estates.
2. **Helen Belcher** to review need for briefing paper on voter registration and associated issues**.**
3. **Ruth Hunt** to provide **Baroness Barker** with Stonewall's roadmap for engagement with politicians and civil service once it is complete.
4. **Baroness Barker** to talk to Ruth Hunt about Stonewall's education programmes.
5. **Louise Baker** to attend next Forum meeting with update on DfE current thinking on guidance.
6. **Terry Reed** to talk with MIND about responsibilities within secure units.
7. **James Morton** to send email to **Helen Belcher** before each Forum meeting outlining progress with Scottish Government if he cannot attend the Forum meeting.
8. **Baroness Barker** to ask **Ruth Hunt to** attend a Forum meeting before the end of the year.
9. Forum members to consider what collaboration with Stonewall they would like to do.
10. JennyAnne Bishop to send reports on work with NHS Wales to Helen Belcher.
11. Forum members to consider whether Nick Herbert MP, Lord Cashman, Stewart MacDonald MP and Mike Freer MP should be invited to a Forum meeting.

From: Helen Belcher
To: [redacted]; Polly Carmichael; [redacted]; Susie Green (Mermaids)
Cc: barkere@[redacted]; Baroness GOULD
Subject: Parliamentary Forum on Gender Identity - Agenda
Date: 07 December 2015 17:39:37
Attachments: Parliamentary Forum Agenda - 16 December 2015.pdf

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Dear all,
Please find attached the agenda for the meeting next Wednesday afternoon (**16 December, 4pm, Fielden House**). Please also note the comments against each agenda item.
If you know you won't be there, please let me know as soon as possible.
Many thanks
Helen

Parliamentary Forum on Gender Identity

Chair: Baroness Barker

Date: Wednesday, 16 December 2015

Time: 16:00 to 18:00

Place: Fielden House, Little College Street (opposite House of Lords)

AGENDA

1. Minutes of Last Meeting
2. Matters Arising
3. Issues Affecting the Education of Trans Children – *update on progress on issues raised at last two meetings (15 minutes)*
4. Trans People and Provision of Healthcare – *update on issues raised at previous meetings (15 minutes)*
5. Trans People and the Prison Estate – *strategic planning session. Members are asked to come to the meeting having thought about the following questions:*
    a. *What is the problem?*
    b. *What are workable solutions?*
    c. *Who has the power to bring about change?*
    d. *What is preventing change?*
    e. *What will enable them to implement the solutions?*
    f. *What does the Forum need to do in order to achieve the identified solutions?*

    (1 hour)
6. Future Forum Strategy *(10 minutes)*
7. AOB

From: [redacted]
To: Polly Carmichael; [redacted]
Subject: RAdio interview
Date: 20 January 2016 19:53:26

Hi [redacted]

Happy to do it. Can you let me know the details ?

Best

[redacted]
Consultant Child and Adolescent Psychiatrist
Gender Identity Development Service
The Tavistock and Portman NHS Foundation Trust
120 Belsize Lane
London NW3 5BA
Tel : +44(0)[redacted]
[redacted]

From: [redacted]
Sent: Thursday, January 14, 2016 2:36 PM
To: Polly Carmichael; [redacted]
Cc: [redacted]
Subject: BBC 5Live Request

Dear team,

BBC 5Live have requested a live interview with someone from here as part of a piece that is going out later this evening between 6.30-7.00pm.

The piece will be exploring today's report, the challenges and stigma transgender people face in today's society, and the types of treatments that are available.

This will be a live interview and you will form part of a panel of people, including:

· Susie Green, Mermaids

· [redacted] (male to female transgender), who is [redacted]

· The panel may also feature 'a critic' of some kind who will discuss why we are focusing on transgender equality as an area of concern (although the producer did say they may not be able to find someone who has this view)

[redacted], the producer, would like to have a briefing with you before the discussion and she is available on: [redacted]

Would anyone be around at this time this evening to take part in this?

Let me know if you have any questions or would like further information.

Best wishes,
[redacted]

[redacted]
Press and Communications Officer

From: Susie Green
To: [redacted]; Gires Charity
Cc: Sally Hodges; Polly Carmichael; Paul Jenkins; [redacted] barkere@[redacted]; [redacted]; [redacted]
Subject: RE: Letter from Paul Burstow Meeting Date
Date: 31 August 2016 12:08:08

Dear [redacted],

I can only do the 21st October, I am training and then away on the next 2 dates,

Best wishes,

Susie
CEO
Mermaids UK
www.mermaidsuk.org.uk
Registered Charity Number 1160575
Helpline:
0844 334 0550 (landline)*
0344 334 0550 (mobile)
BM Mermaids
London
WC1N 3XX
*Calls to 0844 numbers are charged at 7ppm, plus the charge from your call provider.

From: Gires Charity [mailto:bernardgi[redacted]
Sent: 31 August 2016 11:42
To: [redacted]@tavi- ort.nhs.uk
Cc: BarkerE@[redacted] terr 2reed[redacted] susie 100[redacted]PJenkins@[redacted] SHo ges[redacted]; PCarmic ael[redacted] [redacted]@Tavi-Port.n s.uk; [redacted]@tavi-port.nhs.u
Subject: Re: Letter from Paul Burstow Meeting Date
Dear Amanda

Thank you for offering some more dates. Terry and I are not free on 9 November, but would be very pleased to attend on:

Friday 21st October 2.00 – 5.00

Tuesday 1st November 3.00 – 5.00

Tuesday 8th November 2.00 – 5.00

Our preference would be for a longer meeting that starts at 2.00 pm on 21 October or 8 November, which initially involves Paul Burstow, to discuss broad issues, and then gets into detail with the clinicians on the many matters to discuss in:

> The CQC report on its inspection in January 2016
> The policy proposition concerning gender affirming hormone medication
> The service specification for the GIDS

If that approach seems sensible, I could, with Mermaids, draft an agenda for the broad and the detailed discussions.

Kind regards, Bernard

Bernard Reed OBE, MA, MBA
Trustee
Gender Identity Research and Education Society (GIRES)
Registered Charity Number 1068137
Melverley
The Warren

Ashtead
Surrey, KT21 2SP
01372 801554
info@gires.org.uk
www.gires.org.uk
-----Original Message-----
From: [redacted]>
To: 'Gires Charity' <bernard_i[redacted]
CC: BarkerE <BarkerE[redacted]; [redacted] susieg100 <susieg100__vir_inmedia.com>; Paul Jenkins <PJenkins@[redacted]>; Sally Hodges <SHodges@[redacted]; Polly Carmichael <PCarmichael[redacted]>; [redacted] Tavi-Port.nhs.uk>; [redacted] [redacted]@tavi-port.nhs.uk>
Sent: Wed, 31 Aug 2016 11:16
Subject: RE: Letter from Paul Burstow Meeting Date

Dear Bernard

Unfortunately Paul Burstow is not available on 13th October, so perhaps you could let me know your availability for the following dates:-

Friday 21st October 2.00 – 5.00

Tuesday 1st November 3.00 – 5.00

Tuesday 8th November 2.00 – 5.00

Wednesday 9th November 9.00 – 1.00

Many thanks

[redacted]
PA to Paul Jenkins, Chief Executive
and Paul Burstow, Chair
Tavistock and Portman
NHS Foundation Trust
120 Belsize Lane
London NW3 5BA
Tel: +44 (0)20[redacted]
Web Site: www.tavistockandportman.nhs.uk
From: Gires Charity [mailto:bernardgi[redacted]
Sent: 27 August, 2016 12:49 PM
To: [redacted]
Cc: BarkerE@[redacted] terry2reed@[redacted]; susieg100[redacted] Paul Jenkins; Sally Hodges; Polly Carmic ae ; [redacted]
Subject: Re: Letter from Paul Burstow Meeting Date
Dear [redacted]

We are most grateful to you for making these arrangements.

Polly is available on 13 and 14 October. Terry Reed and I are also available during those two days, at any time but preferably not before 10.00 am. However, Susie is only available on 13 October up to 4.00 pm.
We hope very much that it will not be inconvenient for everyone else to fit in with that availability: 13 October, between 10.00 am and 4.00 pm.
Professor Paul Burstow and Sally Hodges may wish to discuss the key issues concerning the GIDS and ensure that there will thereafter be ongoing amicable conversation that engages Polly and her team with Mermaids and GIRES. You appear to be allowing one hour for that.
The ensuing conversation could initially deal with the detailed matters that have been raised in three documents:
> The CQC report on its inspection in January 2016
> The policy proposition concerning gender affirming hormone medication
> The service specification for the GIDS
Would it be possible, please, to arrange for the initial conversation with the clinicians to follow immediately the meeting with Professor Burstow and Sally Hodges?
Kind regards, Bernard

-----Original Message-----

From: Polly Carmichael <PCarmichael@[redacted]
To: [redacted] <[redacted]__tavi-port.nhs.uk>; 'Gires Charity' <bernard_i[redacted]
CC: Paul Jenkins <PJenkins@[redacted]>; Sally Hodges <SHodges[redacted]>; [redacted] <[redacted]@Tavi-Port.nhs.uk>; [redacted] <[redacted]@tavi-port.nhs.uk>
Sent: Fri, 26 Aug 2016 16:57
Subject: RE: Letter from Paul Burstow Meeting Date

Dear [redacted]

I am away 16th September - 30th September inclusive

I could have done some of the other dates suggested but otherwise when I am back I could do 4th October 2016 and then am away for the rest of the week at conferences.
The following week starting 10 th October 2016 I could do 13th or 14th October 2016.

Best wishes
Polly

_____

From: [redacted]
Sent: 26 August 2016 16:42
To: 'Gires Charity'; BarkerE@[redacted]; susieg100[redacted]
Cc: Paul Jenkins; Sally Hodges; Polly Carmichael; [redacted]; [redacted]
Subject: RE: Letter from Paul Burstow Meeting Date

Dear Bernard

Many thanks for getting back to me with your availability. Having looked at the diaries for Paul Burstow, Paul Jenkins and Sally Hodges possible dates for this meeting are

Wednesday 21st September 4.00 – 5.00
Thursday 29th September 4.00 – 5.00

I see that you have indicated 29th September as a possible date, so perhaps you could 4.00 – 5.00 on this day.

Many thanks

[redacted]

[redacted]
PA to Paul Jenkins, Chief Executive
and Paul Burstow, Chair

Tavistock and Portman
NHS Foundation Trust
120 Belsize Lane
London NW3 5BA
Tel: +44 (0)20 [redacted]
Web Site: www.tavistockandportman.nhs.uk<http://www.tavistockandportman.nhs.uk/>

From: Gires Charity [mailto:bernardgi[redacted]
Sent: 26 August, 2016 04:02 PM
To: [redacted] BarkerE[redacted]; [redacted]; susieg100@[redacted]
Cc: Paul Jenkins; Sally Hodges; Polly Carmichael
Subject: Re: Letter from Paul Burstow Meeting Date

Dear Amanda

Many, many thanks for arranging the meeting.

[redacted] and I would be available all day on the following dates in September:

> 6
> 7
> 8
> 13
> 15
> 22
> 26
> 29
> 30

These dates may not be convenient for Baroness Barker or Susie Green.

Kind regards, Bernard

Bernard Reed OBE, MA, MBA
Trustee
Gender Identity Research and Education Society (GIRES)
Registered Charity Number 1068137
Melverley
The Warren
Ashtead
Surrey, KT21 2SP
[redacted]
info<mailto:info@gires.org.uk>@gires.org.uk<mailto:info@gires.org.uk>
www.gires.org.uk<http://www.gires.org.uk>

-----Original Message-----
From: [redacted] <[redacted]@tavi-port.nhs.uk<mailto:[redacted]__tavi-port.nhs.uk>>
To: 'BARKER, Baroness' <BarkerE@[redacted]>>; Gires Charity
<bernardgi[redacted] susie 100
<susieg100[redacted]
CC: Paul Jenkins <PJenkins@Tavi-Port.nhs.uk<mailto:PJenkins@[redacted]>>; Sally Hodges
<SHodges@tavi-port.nhs.uk<mailto:SHodges[redacted]>>; Poll Carmichael
<PCarmichael@tavi-port.nhs.uk<mailto:PCarmichael[redacted]>
Sent: Fri, 26 Aug 2016 11:18
Subject: RE: Letter from Paul Burstow Meeting Date
Dear All

Unfortunately neither of those dates will be possible for Paul Burstow and Sally Hodges. I will forward further dates in September as soon as possible.

Best wishes

[redacted]

[redacted]
PA to Paul Jenkins, Chief Executive
and Paul Burstow, Chair

Tavistock and Portman
NHS Foundation Trust
120 Belsize Lane
London NW3 5BA
Tel: +44 (0)20 [redacted]

Web Site: www.tavistockandportman.nhs.uk<http://www.tavistockandportman.nhs.uk/>

From: BARKER, Baroness [mailto:BarkerE@[redacted]
Sent: 19 August, 2016 05:23 PM
To: [redacted]; [redacted] Gires Charity; susieg100@[redacted]
Cc: Paul Jenkins; Sally Hodges; Polly Carmichael
Subject: RE: Letter from Paul Burstow Meeting Date

Hello [redacted], I have spoken to GIRES and Mermaids. They can make the afternoon of August 31st or Monday 5th September morning until 1 p.m.

I will be away next week, but I will pick up emails intermittently.

Thank you for your attention to this,

Liz Barker

From: [redacted] [mailto:[redacted]@tavi-port.nhs.uk]
Sent: 19 August 2016 15:48
To: BARKER, Baroness <BarkerE@[redacted]
Cc: Paul Jenkins <PJenkins@[redacted].uk>>; Sally Hodges <SHodges@[redacted]; Polly Carmichael <PCarmichael@[redacted]
Subject: Letter from Paul Burstow

Dear Baroness Barker

Please find attached a letter from Rt Hon Prof Paul Burstow PC. A hard copy of the letter has also today been posted.

Kind regards

[redacted]

[redacted]
PA to Paul Jenkins, Chief Executive
and Paul Burstow, Chair

Tavistock and Portman
NHS Foundation Trust
120 Belsize Lane
London NW3 5BA
Tel: +44 (0)20 [redacted]
Web Site: www.tavistockandportman.nhs.uk<https://protect-eu.mimecast.com/s/0rggBuqb0iZ>

From: Susie Green
To: [redacted]; Gires Charity
Cc: Sally Hodges; Polly Carmichael; Paul Jenkins; [redacted]; barkere[redacted]; [redacted]
Subject: RE: Letter from Paul Burstow Meeting Date
Date: 31 August 2016 12:08:08

Dear [redacted],

I can only do the 21st October, I am training and then away on the next 2 dates,

Best wishes,

Susie

CEO
Mermaids UK
www.mermaidsuk.org.uk
Registered Charity Number 1160575

Helpline:
0844 334 0550 (landline)*
[redacted] mobile)

BM Mermaids
London
WC1N 3XX

*Calls to 0844 numbers are charged at 7ppm, plus the charge from your call provider.

From: Gires Charity [mailto:bernardgi[redacted]
Sent: 31 August 2016 11:42
To: [redacted]@tavi-ort.nhs.uk
Cc: BarkerE[redacted]; susie_100@vir inmedia.com PJenkins@Tavi-Port.nhs.uk; SHo ges@[redacted] PCarmichael@[redacted]@Tavi-Port.nhs.uk; [redacted]@tavi-port.nhs.u
Subject: Re: Letter from Paul Burstow Meeting Date

Dear [redacted]

Thank you for offering some more dates. Terry and I are not free on 9 November, but would be very pleased to attend on:

Friday 21st October	2.00 – 5.00
Tuesday 1st November	3.00 – 5.00
Tuesday 8th November	2.00 – 5.00

Our preference would be for a longer meeting that starts at 2.00 pm on 21 October or 8 November, which initially involves Paul Burstow, to discuss broad issues, and then gets into detail with the clinicians on the many matters to discuss in:

> The CQC report on its inspection in January 2016
> The policy proposition concerning gender affirming hormone medication
> The service specification for the GIDS

If that approach seems sensible, I could, with Mermaids, draft an agenda for the broad and the

detailed discussions.

Kind regards, Bernard

Bernard Reed OBE, MA, MBA
Trustee
Gender Identity Research and Education Society (GIRES)
Registered Charity Number 1068137
Melverley
The Warren
Ashtead
Surrey, KT21 2SP
[redacted]
info@gires.org.uk
www.gires.org.uk

-----Original Message-----
From: [redacted] tavi-port.nhs.uk>
To: 'Gires Charity' <bernard_i [redacted]
CC: BarkerE <BarkerE [redacted] Jenkins <PJenkins@[redacted]; Sally Hodges <SHodges@[redacted] Polly Carmichael <PCarmichael[redacted]>; [redacted] @Tavi-Port.nhs.uk>; [redacted] @tavi-port.nhs.uk>
Sent: Wed, 31 Aug 2016 11:16
Subject: RE: Letter from Paul Burstow Meeting Date

Dear Bernard

Unfortunately Paul Burstow is not available on 13th October, so perhaps you could let me know your availability for the following dates:-

Friday 21st October	2.00 – 5.00
Tuesday 1st November	3.00 – 5.00
Tuesday 8th November	2.00 – 5.00
Wednesday 9th November	9.00 – 1.00

Many thanks

[redacted]

[redacted]
PA to Paul Jenkins, Chief Executive
and Paul Burstow, Chair

Tavistock and Portman
NHS Foundation Trust
120 Belsize Lane
London NW3 5BA
Tel: +44 (0)20 [redacted]
Web Site: www.tavistockandportman.nhs.uk

From: Gires Charity [mailto:bernardgi@[redacted]
Sent: 27 August, 2016 12:49 PM
To: [redacted]
Cc: BarkerE@[redacted] terry2reed[redacted]; susieg100[redacted] Paul Jenkins; Sally Hodges; Polly Carmic ae ; [redacted]
Subject: Re: Letter from Paul Burstow Meeting Date

Dear [redacted]

We are most grateful to you for making these arrangements.

Polly is available on 13 and 14 October. Terry Reed and I are also available during those two days, at any time but preferably not before 10.00 am. However, Susie is only available on 13 October up to 4.00 pm.

We hope very much that it will not be inconvenient for everyone else to fit in with that availability: 13 October, between 10.00 am and 4.00 pm.

Professor Paul Burstow and Sally Hodges may wish to discuss the key issues concerning the GIDS and ensure that there will thereafter be ongoing amicable conversation that engages Polly and her team with Mermaids and GIRES. You appear to be allowing one hour for that.

The ensuing conversation could initially deal with the detailed matters that have been raised in three documents:

> The CQC report on its inspection in January 2016
> The policy proposition concerning gender affirming hormone medication
> The service specification for the GIDS

Would it be possible, please, to arrange for the initial conversation with the clinicians to follow immediately the meeting with Professor Burstow and Sally Hodges?

Kind regards, Bernard

-----Original Message-----
From: Polly Carmichael <PCarmichael@[redacted]
To: [redacted] tavi-port.nhs.uk>; 'Gires Charity' <bernardgi[redacted]
CC: Paul Jenkins <PJenkins@[redacted]>; Sally Hodges <SHodges@[redacted]; [redacted] @Tavi-Port.nhs.uk>; [redacted] @tavi-port.nhs.uk>
Sent: Fri, 26 Aug 2016 16:57
Subject: RE: Letter from Paul Burstow Meeting Date

Dear [redacted]

I am away 16th September - 30th September inclusive

I could have done some of the other dates suggested but otherwise when I am back I could do 4th October 2016 and then am away for the rest of the week at conferences.
The following week starting 10 th October 2016 I could do 13th or 14th October 2016.

Best wishes
Polly

_____
From: [redacted]
Sent: 26 August 2016 16:42
To: 'Gires Charity'; BarkerE@[redacted] terry2reed[redacted] susieg100@[redacted]
Cc: Paul Jenkins; Sally Hodges; Polly Carmichael; [redacted]
Subject: RE: Letter from Paul Burstow Meeting Date

Dear Bernard

Many thanks for getting back to me with your availability. Having looked at the diaries for Paul Burstow, Paul Jenkins and Sally Hodges possible dates for this meeting are

Wednesday 21st September 4.00 – 5.00
Thursday 29th September 4.00 – 5.00

I see that you have indicated 29th September as a possible date, so perhaps you could 4.00 – 5.00 on this day.

Many thanks

[redacted]

[redacted]
PA to Paul Jenkins, Chief Executive
and Paul Burstow, Chair

Tavistock and Portman
NHS Foundation Trust
120 Belsize Lane
London NW3 5BA
Tel: +44 (0)20 [redacted]
Web Site: www.tavistockandportman.nhs.uk<http://www.tavistockandportman.nhs.uk/>

From: Gires Charity [mailto:bernardgi@[redacted]
Sent: 26 August, 2016 04:02 PM
To: [redacted]; BarkerE@[redacted] [redacted]; susieg100@[redacted]
Cc: Paul Jenkins; Sally Hodges; Polly Carmichael
Subject: Re: Letter from Paul Burstow Meeting Date

Dear Amanda

Many, many thanks for arranging the meeting.

Terry Reed and I would be available all day on the following dates in September:

> 6
> 7
> 8
> 13
> 15
> 22
> 26
> 29
> 30

These dates may not be convenient for Baroness Barker or Susie Green.

Kind regards, Bernard

Bernard Reed OBE, MA, MBA
Trustee
Gender Identity Research and Education Society (GIRES)
Registered Charity Number 1068137
Melverley
The Warren
Ashtead
Surrey, KT21 2SP
[redacted]
info<mailto:info@gires.org.uk>@gires.org.uk<mailto:info@gires.org.uk>
www.gires.org.uk<http://www.gires.org.uk>

-----Original Message-----

From: [redacted]@tavi-port.nhs.uk<mailto[redacted]tavi-port.nhs.uk
To: 'BARKER, Baroness' <BarkerE@[redacted]; [redacted]
<[redacted]>>; Gires Charity
<bernardgi[redacted]>>; susie 100
<susie 100[redacted]
CC [redacted]<mailto:PJenkins [redacted]>>; Sally Hodges
<SHodges@[redacted]; Poll Carmichael
<PCarmichae[redacted]
Sent: Fri, 26 Aug 2016 11:18
Subject: RE: Letter from Paul Burstow Meeting Date
Dear All

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Best wishes

[redacted]

[redacted]
PA to Paul Jenkins, Chief Executive
and Paul Burstow, Chair

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London NW3 5BA
Tel: +44 (0)20 [redacted]
Web Site: www.tavistockandportman.nhs.uk<http://www.tavistockandportman.nhs.uk/>

From: BARKER, Baroness [mailto:BarkerE[redacted]
Sent: 19 August, 2016 05:23 PM
To: [redacted]>; Gires Charity;
susieg100[redacted]
Cc: Paul Jenkins; Sally Hodges; Polly Carmichael
Subject: RE: Letter from Paul Burstow Meeting Date

Hello [redacted], I have spoken to GIRES and Mermaids. They can make the afternoon of August 31st or Monday 5th September morning until 1 p.m.

I will be away next week, but I will pick up emails intermittently.

Thank you for your attention to this,

Liz Barker

From: [redacted] [mailto:[redacted]@tavi-port.nhs.uk]
Sent: 19 August 2016 15:48
To: BARKER, Baroness <BarkerE [redacted]>
Cc: Paul Jenkins <PJenkins[redacted]>; Sally Hodges
<SHodges@[redacted]; Poll Carmichael
<PCarmichael[redacted]
Subject: Letter from Paul Burstow

Dear Baroness Barker

Please find attached a letter from Rt Hon Prof Paul Burstow PC. A hard copy of the letter has also today been posted.

Kind regards

[redacted]

[redacted]
PA to Paul Jenkins, Chief Executive
and Paul Burstow, Chair

Tavistock and Portman
NHS Foundation Trust
120 Belsize Lane
London NW3 5BA
Tel: +44 (0)20 [redacted]
Web Site: www.tavistockandportman.nhs.uk<https://protect-eu.mimecast.com/s/0rqgBuqb0iZ>

_____

_____
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From: Susie Green
To: BernardGi@[redacted] liz barker; Paul Burstow
Cc: Sally Hodges; [redacted]; mermaidscommittee@groups.io
Subject: RE: Note of meeting on 21st October.docx
Date: 04 November 2016 07:08:02
Importance: High

Hi all,

I apologise for not responding sooner, Mermaids have been dealing with some unpleasant attacks from the [redacted] and have been preoccupied supporting families who have been adversely affected by the recent judge's decision. In fact we have seen a number of parents being threatened by ex-partners with court proceedings now that the judgement has been released which is a worrying consequence. It may be that the Tavistock, GIRES and Mermaids can work together to help protect families dealing with these circumstances in the future.

Regarding the document enclosed, I will respond in full next week, but I am about to go on annual leave from Saturday until next Wednesday and don't have time to cover all the points in full, but regarding the details of the process, I have just answered a query this morning from a number of parents with what I believe is the current pathway (generally) and wanted to run it by you (Sally) to make sure that this is correct. If not I will amend and repost to the parents. It may be useful, as discussed, to have this process actually documented by the Tavistock so we can send this out to new parents as we always advise them to get a referral to the service if they haven't already.

This is the text I posted, please update or correct any errors please?

Best wishes,

Susie

The Tavistock process is generally fairly typical in that they will have the first appointment as a meet and greet, ask general questions and get to know you, that is followed up by around 3 to 5 continuing assessments. If you ask they may let you book these all in advance (Leeds do) or you may have to book one in advance each time. If your child is not in puberty then they will continue to see them until they begin at which stage a decision will be made about puberty blockers. If your child is already in puberty and fits the criteria of gender dysphoria and you agree blockers are needed then you will be offered an appointment at UCLH hospital in London or Leeds LGI which is the endocrine arm of the service. If your child is under 14 it will be London regardless at the moment. The appointment with the endocrinologist will normally be within 3 to 6 months dependant upon waiting times. Blood tests, bone density scans and a general chat will happen, and then after 3 months you will go back and have an appointment to prescribe blockers. In the meantime get your GP on board as they will be needed to prescribe and administer blockers, and some are not happy about this. If your child is near to 16 then your child will have to go on blockers for at least 6 months to a year (we are hoping the year requirement is being relaxed) and then cross sex hormones will be offered if appropriate. If your child is younger, they will have to wait for cross sex hormones until around 16.

I hope that helps, any questions please just ask

CEO
Mermaids UK
www.mermaidsuk.org.uk
Registered Charity Number 1160575
Helpline:
0844 334 0550 (landline)*
0344 334 0550 (mobile)
BM Mermaids
London
WC1N 3XX

*Calls to 0844 numbers are charged at 7ppm, plus the charge from your call provider.

From: Paul Burstow [mailto:PBurstow@Tavi-Port.nhs.uk]

Sent: 26 October 2016 15:11
To: bernardgi@[redacted] terry2reed[redacted]; susieg100[redacted] Liz Barker
Cc: Sally Hodges; [redacted]
Subject: Note of meeting on 21st October.docx

Dear Bernard, Terry, Susie and Liz,

Thank you for your time last Friday. I promised a short note of the actions arising from our meeting, please find attached.

With best wishes

Paul

From:	Paul Burstow
To:	BernardGi@[redacted]; liz barker; susieg100@[redacted]
Cc:	Sally Hodges; [redacted]
Subject:	Note of meeting on 21st October.docx
Date:	26 October 2016 15:11:14
Attachments:	ATT00001.htm Note of meeting on 21st October.docx

---

Dear Bernard, Terry, Susie and Liz,

Thank you for your time last Friday. I promised a short note of the actions arising from our meeting, please find attached.

With best wishes

Paul

Dear Bernard, Terry, Susie and Liz,

Thank you for your time last Friday (21st October) and for I hope you felt was a constructive exchange.

I promised to send around a summary of the actions and follow-up we agreed.

Subject/Action	
Consider how we ensure consistent explanation of the protocols and develop a system to answer questions that arise from them.	Sally Hodges
Explore the arrangements for alternative centres for endocrine services for service users living in the north of England and in other locations remote from London	Sally Hodges
Provide suggestions for frequently asked questions for inclusion in the new GIDS website	Susie Green
The provision of a comments box where service users can provide anonymous feedback or raise concerns was proposed.	Sally Hodges
That Mermaids gather and set out the concerns about the wording and appropriateness of some of the questionnaires used by GIDS to explore the scope for modification where these are at the Trusts discretion. To provide covering explanation on forms which have been standardised	Susie Green/Sally Hodges
That Mermaids undertake a survey of its members to seek feedback about their experience of the referrals process, including the role of GPs, time to acknowledgement and time to confirmation of referral acceptance to share with the Trust	Susie Green
That the Trust set out principles and practice concerning service user and family engagement in the GIDS including the circulation of service user group information.	Sally Hodges
That the termly meetings between Mermaids and GIDS recommence.	Susie Green/Sally Hodges
That a proposal be developed and shared for a regular meeting/forum including Mermaids, GIRES and other service user groups and stakeholders.	Sally Hodges

Since we met Sally has taken up the point raised by Susie about time it takes to send acknowledgements and confirmations. As a result a clearer procedure will be put in place to ensure all referrals receive a timely response.

Finally, you mentioned forthcoming changes to international practice guidelines, particularly with regards endocrinology. It would be helpful to get a sense of what the timescales are for this?

I hope that this is helpful and offers a practical basis for moving forward?

Best wishes

Paul Burstow

From: [redacted]
To: [redacted]
Subject: Feedback from Trans Equality Legal Initiative Conferernce
Date: 09 December 2016 10:27:33
Attachments: image001.png
TELI Conference All Slides (updated).pdf

Dear All,

[redacted] and I attended the Trans Equality Legal Initiative Conference recently and thought we would feedback some of the main points that were raised. We thought doing this via email would be best given how full the team meetings already are. We are however happy to give more details either individually or in a team meeting if this was felt to be helpful.

We have attached the days slides for your information.

- Overall there was a general dissatisfaction with NHS Gender services (both Adult and Child), and it was remarked that there was no NHS representation on the panels (there was supposed to be, but unfortunately they dropped out).
- There was misinformation about physical intervention for young people both in terms of psychological and physical impact of treatment. For example, an idea that children who are pre pubertal should have hormone blockers immediately and that this had no impact on fertility or future surgery. (they certainly hadn't seen the pictures from James Bellringer)
- Mermaids and GIRES had a strong voice at the conference, There was a criticism of GIDS waiting list even though they had acknowledged the increase in figures of referrals and new staff.
- Interestingly Mermaids had seen a 400% rise in demand over three years and at one point were only answering 9% of calls.
- A lot of the conference was around what is happening legally for members of the trans community including non-Binary people.
- Case law was discussed and a number of transmen who were prosecuted for sexual fraud. This is worth thinking about when working with young people who live in "stealth".
- In retrospect we feel it would have been helpful for GIDS to have representation on the panel. [redacted] and I are happy to do this next year if this is felt to be helpful.

We do feel that our being there did tone down the anti GIDS message from Mermaids. I Met with both Suzie Greene and Bernard from GIRES, and had a conversation with them about the "kids on the edge" film and the attempts that the service is making in reducing the waiting list. This may have helped to dilute some of the animosity on the day.

The day felt very one dimensional, there was a strong "single story" about the NHS failing vulnerable people and little consideration of the complexities and the positive impact that GIDS can have on people's lives.

Hope this is Helpful

[redacted] and [redacted]

[redacted]
Specialist Social Worker
Prounons used: Them/They/Their
Please note I work Tuesday to Friday

The Tavistock and Portman
NHS Foundation Trust
Tavistock Centre
120 Belsize Lane
London NW3 5BA
Tel: +44 (0)20 [redacted]
Fax: +44 (0)20 [redacted]
www.gids.nhs.uk | www.tavistockandportman.nhs.uk

From: TELI Admin [mailto:admin@teli.org.uk]
Sent: 23 November 2016 14:04
To: admin@teli.org.uk
Subject: Re: Thank you from the TELI Team

Hi all,

Please find an updated version of the conference slides attached. There has been an update to the statistics cited in the Mermaids presentation, on p. 42 of this document, and Prof. Alex Sharpe's slides have been added.

Best,

TELI Team

> On 21 November 2016 at 18:13 TELI Admin <admin@teli.org.uk> wrote:
>
> Dear TELI Supporters,
>
> Thank you so much for joining us on Friday and making the TELI Launch Conference such a success. We are looking forward to building on this momentum, so look forward to more events and updates soon! Please find the speaker slides and other conference materials attached.
>
> Best wishes,
>
> **TELI Team**
>
> Trans Equality Legal Initiative
>
> Email: admin@teli.org.uk
>
> Twitter: @UKTELI
>
> Website: www.teli.org.uk

trans equality
legal initiative

Launch Conference 2016

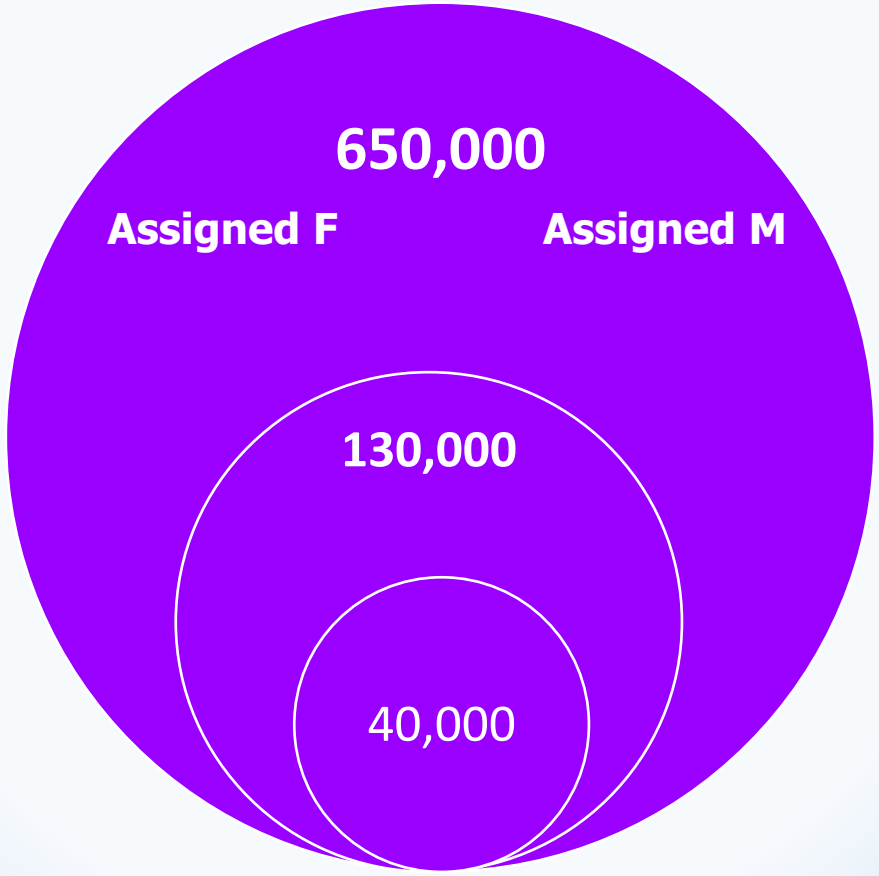
#TELI16 / @UKTELI

Gender Identity Research and Education Society

Trans Equality Legal Initiative
November 2016

Trans population, at least 1%

Conservative estimate: ~90,000 still to emerge



Total, inc non-binary and non-gender

Likely to seek specialist medical care

Currently accessing care

Improved Environment for Trans People in the UK

- Supportive legislation
- Improved medical care
- Internet access to information
- More support groups (TranZwiki now lists 400)
- Greater media understanding and respect

Sun Newspaper - Twins – assigned male at birth

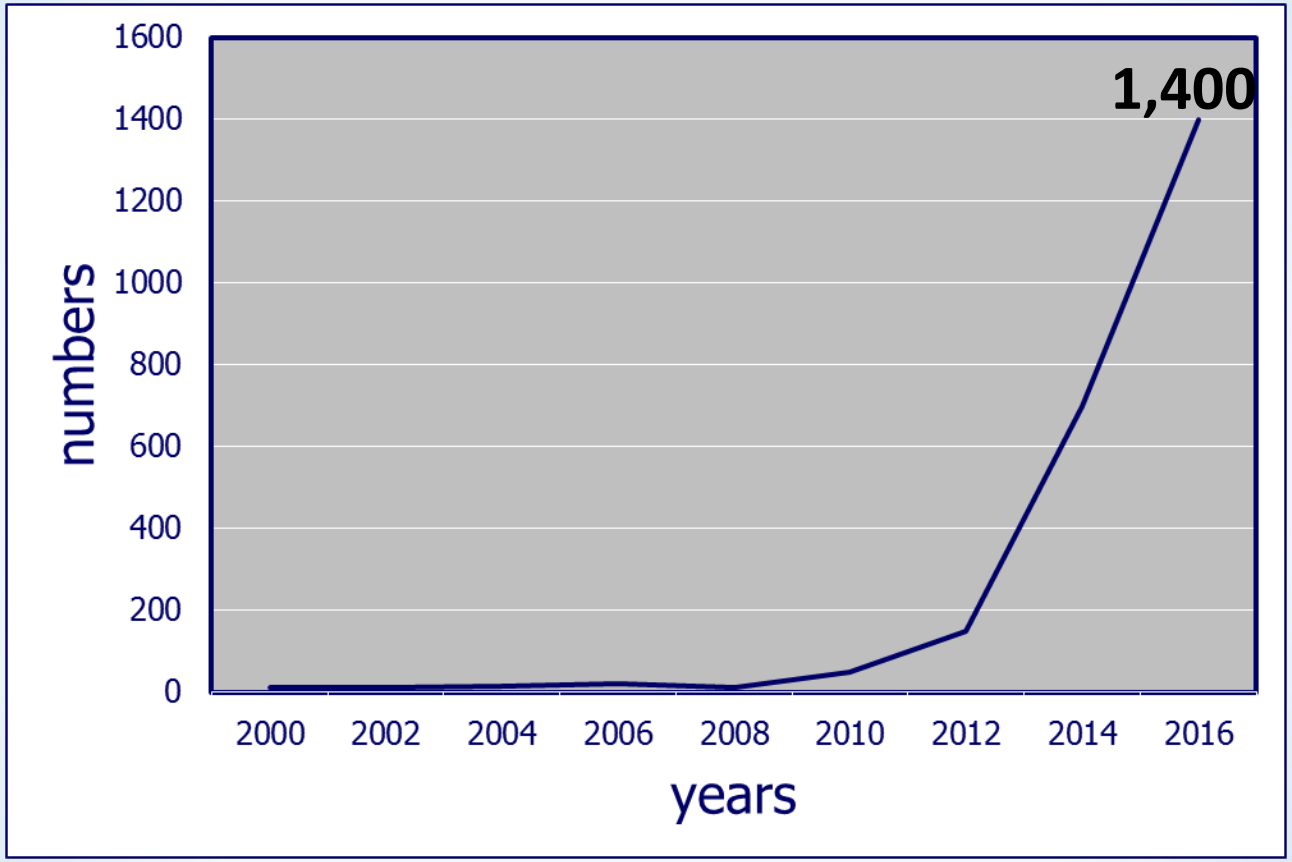
- "… he kept on telling me he wanted to wear girls' dresses instead of shorts and trousers.

- … he started throwing tantrums and becoming aggressive whenever I put him in male clothes.

- Out of the blue, he told me that his willy would fall off – I was gobsmacked"

Number of young people referred to Tavistock Clinic (up to 17 y.o)

Number has doubled in the year to March 2016



Adult clinics: growth now 50%

Long waiting lists

But

- Transphobia persists

  e.g. father calls his trans daughter “a freak”
- Legislation still inadequate:

  e.g. does “part of a process” in Equality Act 2010 cover non-binary people (Claire McCann)
- Frequent inequalities

  e.g. prisons stop hormones started on the internet

Can the law help?

Considerations arising from that case

Can you prove it (balance of probabilities)

> documents, if all released?

> credible witness?

Is it covered by the law? (SDA 1975, ECJ precedent)

Is it in time? (course of action)

Can case be funded:

> EHRC strategic case?

> Will some or all legal work be at cut rate or even pro bono?
(Maddie Rees and Dinah Rose)

> Will lawyer stick to budget?

> Will lawyer seek extra reimbursement if successful?

Further considerations

Are you able to withstand:

> lengthy legal process?
> workload of providing evidence?
> cross-examination? (misgendering)
> press intrusion?

If you are successful, will the government restrict the precedent?

gires
www.gires.org.uk

TRANSGENDER RIGHTS CRIMINAL JUSTICE SYSTEM

Jane Ryan
Bhatt Murphy

Questions

- What human rights issues do transgender people face in the criminal justice system?
- What are the potential legal remedies?
- How can trans prisoners/detainees be empowered within the criminal justice system?

Human Rights issues

- Police mistreatment
  - Misgendering
  - Searching
  - Interviews & trans-sensitive legal representation
  - Abuse
  - Failure to investigate
  - Arrests
- Prisoners rights
  - Abuse / Risk of self -harm
  - Allocation
  - Isolation / segregation
  - Searching
  - Access to gender affirming items
  - Sentence objectives/rehabilitation
  - Healthcare

General Principles

- Persons in custody retain all civil rights not expressly curtailed (*Hirst v UK* App No 74025/01)
- The European Prison Rules (Recommendation No. R (87) 3 of the Committee of Ministers of the Council of Europe) provide:

"64. Imprisonment is by the deprivation of liberty a punishment in itself. The conditions of imprisonment and the prison regimes shall not, therefore, except as incidental to justifiable segregation or the maintenance of discipline, aggravate the suffering inherent in this."

Reality of prison life

A prisoner wrote recently:

- *I am a transgender woman and have been transitioning for a few months and realise the difficulties LGBT prisoners face every day. To transition or to 'come out' in society is hard enough, but to do it in prison is even harder. Being 'brave' doesn't count for anything in the reality of prison life.*
- Inside Times, Mailbag 16 July 2016, prisoner from HMP Greenock, UK

Prisoners' Rights
R (Hudson) v SSJ

- *TH was a trans woman sentenced to a short sentence 12 weeks for an assault. She was immediately imprisoned in a male prison.*
- *She was, as a result of a high profile social media campaign, moved from the male prison to a women's facility after about seven days*.
- *During that time she was subjected to transphobic abuse and harassment by other prisoners. .*

Legal submissions

- The allocation of TH to a male prison was unlawful being in breach of the Equality Act 2010 and Human Rights Act 1998.
- PSI 7/2011 is unlawful as it gives rise to an unacceptable risk of unlawful decision making (*Suppiah v SSHD* [2011] EWHC 2 (Admin))
- Secretary of State for Justice had failed to have proper, rigorous and conscientious consideration of equality duties including the need to promote equality for trans prisoners

Discrimination

- The Equality Act 2010 exceptions: allows for the provision of separate and single sex services where this is a proportionate means of achieving a legitimate aim
- cis woman who possessed a similar risk profile would not have been held in male prison and that the decision could not be justified

GRC/No GRC

- The policy provided that those with GRC should be allocated to prisons matching their gender identity
- case conferences should be held for those without GRCs.
- can be placed in prison not matching identity regardless of how far, and for how long, they have expressed their gender identity.
- Case conferences not mandatory and not required to be held promptly etc

Policy challenge

- policy was contrary to the Equality Act 2010 which recognises that a person has the protected characteristic of "*gender reassignment*" regardless of whether they have completed a medical process or whether they have a GRC,
- The reliance on the existence or non-existence of a gender recognition certificate as defining the allocation decision was not lawful.

To avoid discrimination

- to avoid a real risk of discrimination and comply with equality duties a decision to locate a transgender prisoner should be made at the earliest possible stage
- TH's case was adjourned for a pre-sentence report.
- There was a two week period when informed steps, including obtaining her own opinion, could have been taken to ensure that TH was not discriminated against.

PSI 17/2016 – New policy

- 9 November 2016 (inforce 1 January 2017)
- Early identification and communication with transgender offenders
- Introduction of Transgender Case Board at point of pre sentence report or within 3 days of being in custody
- Section 5 sets out the need for Early Assessment and Pre-emptive decisions including at Pre Sentence Report stage

Evidence of Gender Identity

- (4.8) *Where a transgender offender expresses a view of prison location that is not consistent with their legally recognised gender the offender must be asked to provide evidence of living in the gender with which they identify (see chart in Annex A).*
- *The strength of this evidence must be considered within the context of a Transgender Case Board together with all known risk factors before a decision is made.*
- *Each offender must be assessed on a case by case basis and discretion may be applied following a Transgender Case Board.*
- *Transgender offenders must be allowed to live in the gender they identify with during this process.*
- *5.10 "discretion in relation to location decisions…. If there is strong evidence that this [is] the best decision on the grounds of safety and well being."*

Evidence of Gender Identity

- **Full evidence**: Birth certificate confirming reassigned gender, GRC, or evidence of application for GRC
- **Strong evidence**: Healthcare advice: from GP, GIC, diagnosis of gender dysphoria, medication, hormone treatment, psychological assessment, gender reassignment surgery. Actual Life: presentation, change of name and appearance, use of prosthetics, self address and gender association, consistent use of gendered spaces, day to day living – bank cards etc
- **Limited evidence**: Limited clarity or stability of intention to permanently change gender, notes that age may prevent accumulation of actual life evidence
- **Counter evidence**: catalyst for transitioning may be sentence, transitioning decision may be linked to gaining access to future offenders, evidence offender is seeking to test or undermine the policy, personality disorder diagnosis or narcissistic traits which may be evidence of insincere motivation to transition

Allocation

- *Prison Rule 12(1) provides that "Women prisoners shall normally be kept separate from male prisoners". Unless there are exceptional circumstances, as determined by any type of Transgender Case Board expressly convened for the purpose of determining the most appropriate location, prisoners must be located according to their legal gender.*

Participation

- 5.20 *The offender must be provided with an opportunity to participate in and/or make their views known to all Transgender Case Boards either in person, via telephone, video-link or written submission.*

Transgender Case Boards

- Annex C of the policy; TGCB will consider:
- all known risks
- including risks to offender
- risk to others
- staff and self harm
- operational and security considerations
- healthcare considerations
- evidence regarding gender expression
- location considerations regarding purposeful activity and inventions
- OM input, family or external organisations.

New policy

- Procedural structure
- End of laissez faire approach ?
- Greater emphasis on gender identity as starting point
- *“more flexible approach to location …will be applied to transgender offenders who can demonstrate consistent evidence of living in the gender they identify with” vs ‘exceptional circumstances as determined by TGCB’*

Self harm / Suicide

- Policy states that states that transgender prisoner should be viewed as an at risk group in terms of suicide and self harm.

MOJ stats 27/10/16:

- In the 12 months to the end of June 2016, 36,440 incidents of self-injury were recorded in prisons.
- This equates to 100 per day and represents a rise of 26 per cent compared to last year

Segregation or “Care and Separation”

- Segregation purely on the basis of gender identity will be unlawful (akin to segregation on basis of sexuality see *X v Turkey* App No 24626/09).
- New policy provides that a referral must be made to centrally managed TGCB within 7 days of the decision (6.35)

Gender Affirming items

- Access to gender affirming items engages equality rights and rights under Article 8 and Article 14 ECHR
- The policy provides that trans prisoners should be able live in their affirmed identity regardless of which type of prison they are in
- regressive decision *Green v SSJ* [2013] EWHC 3491 (Admin) where the Court found there was no discrimination in refusing gender affirming items such as a wig, tights and prosthetic vagina.
- Decisions subject to discretion of prison governor – battles for equality rights ?

Searching

- New PSI 7/2016 (Oct 2016)
- Policy stresses importance of voluntary agreement
- Unlike PACE Code C which indicates should be searched in accordance with preference (subject to evidence in support eg actual life presentation)
- divided on the basis of whether a trans person has a Gender Recognition Certificate
- No GRC “The prisoner, in these circumstances, has no right to insist on being searched by staff who are (in these circumstances) of the opposite sex” [meaning legally recognised gender]

Protection Gaps ?

- January 2016 The House of Commons Committee on Transgender Equality reported evidence from the Bent Bars Project that whilst some trans prisoners receive support '*others are systematically denied the right to wear appropriate clothing, misinformed or lied to about their rights and not given access to appropriate medical treatment*.'

Wider problems of Access to Justice

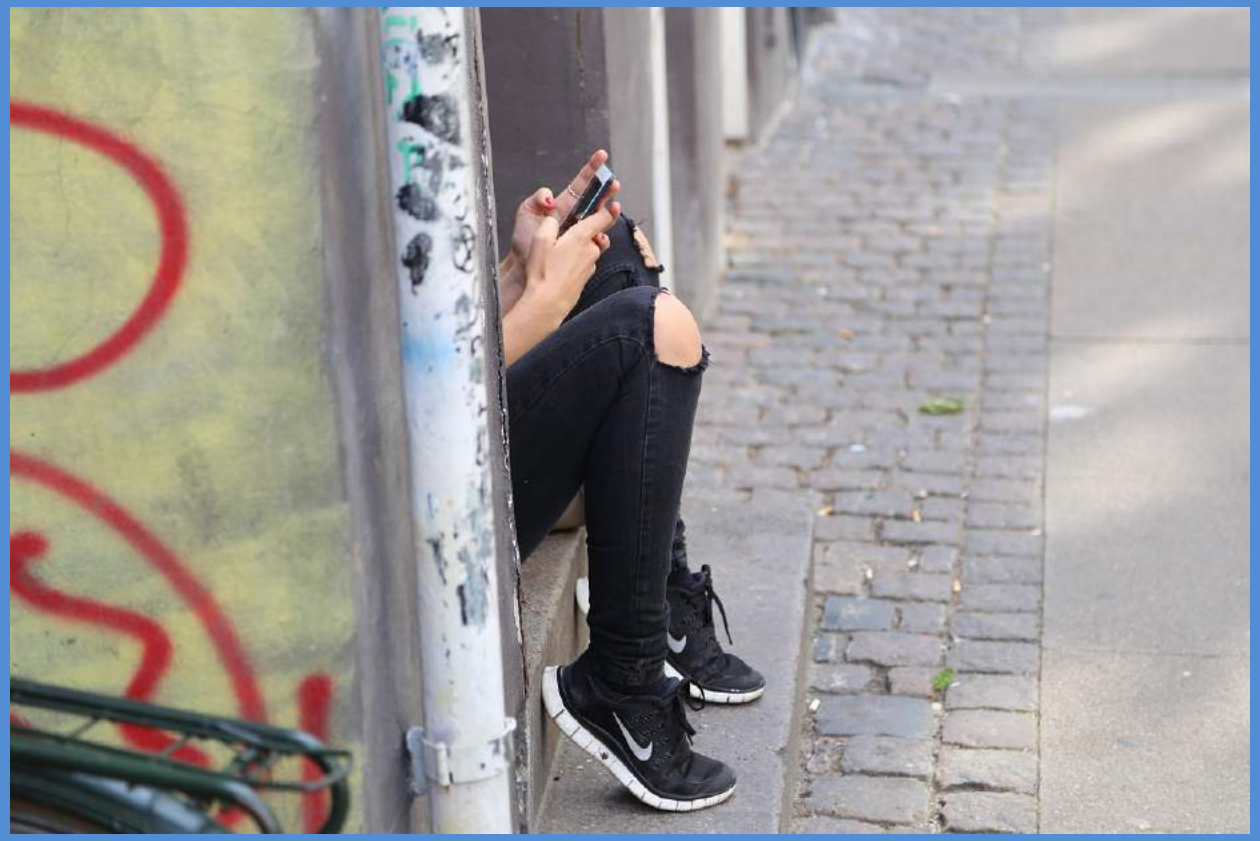
- Prison service in crisis – Liz Truss statement on prison safety and reform 3.11.16
- Strikes by POA – 15.11.16
- Escalating violence
- Staff cuts
- Over crowding
- Suicide and self harm rate highest ever been
- "*The rise in assaults since 2012 has coincided with major changes to the regime, operating arrangements and culture in public sector prisons…for example, restructuring of the prison estate, including staff reductions, which have reduced overall running costs, and an increase in gang culture and illicit psychoactive drugs in prisons*…" MoJ commentary on the prison safety figures published on 27 October 2016 (Guardian 27/10/16)

Removal of Legal Aid

- Removal of legal aid from nearly all areas of prison law
- No equality of arms
- R (Howard League for Penal Reform and Prisoners Advice Service) v Lord Chancellor and SSJ – January 2017
- Crowd funding https://www.crowdjustice.org/case/prisoners/

Other HR issues for Trans prisoners

- Healthcare
- PSI 17/2016 6.24 equivalency to community care
- European Court cases :
- *Bogdanova v Russia* (App No 63378/13) where a transgender prisoner's health was jepordised by the prison's refusal to provide necessary medical treatment including continuation of hormone therapy.
- *DC v Turkey* (App No 10684/13) concerns the refusal to fund gender reassignment treatment.



Mermaids

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Mermaids

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History

- Founded in 1995
- Support for children & teenagers dealing with gender identity issues and their families

AIMS

- Reduce isolation & stigma
- Inform families of rights
- Peer support and friendship
- Online and face to face
- Collaboration with 3rd sector
- Promote good practice

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Daily Challenges

- Isolation
- Discrimination
- Prejudice
- Bullying
  - Physical and mental
    - Peers
    - Adults
    - Authority figures: Teachers, social workers
    - Parents and family!
- Parents also suffer same prejudices
  - Where to turn?

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Demand

Within Mermaids – over 400% rise over 3 years

Year	Calls	Emails
2013/14	199	296
2014/15	563	772
2015/16	1,134	1,800

Tavistock and Portman Gender Service referrals: Year on year rise of over 100%

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Statistics

2014 survey of more than 2000 young people in UK *

- 59% trans youth considered suicide
- 48% trans youth attempted suicide
  - 35% in the last year
- 57% trans youth actively self-harm

***PACE (mental health LGBT charity), Brunel University, University of Worcester and London South Bank University**

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But it’s not all bad news…

More recent research shows that in children who have “socially transitioned,” the rates of depression and anxiety were no higher than the general population of the same age.*

Mental health problems in trans children are NOT inevitable.

*Mental Health of Transgender Children Who Are Supported in Their Identities. University of Washington. Feb 2016.

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NHS Care pathways

1. Primary Care
2. CAMHS
3. Gender Identity Services

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Primary Care

- Few GPs have working knowledge of gender dysphoria

We were told it was just a phase, and to put boundaries in place. My child was suicidal and self-harming at 11 years old

The GP looked at my child's notes, and pointed at him, then said “this is girl not a boy, I am not going to call her by a boy’s name when she is a girl” my child was devastated

My GP told me to go away and come back when my child was 18. I didn’t seek help again until she was 11 and in severe distress. I will always feel guilty for listening, but he was the professional, not me

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CAMHS

- Few CAMHS teams have knowledge of gender dysphoria

We wasted over 6 months waiting for a referral to CAMHS, who then spent another 6 months ignoring the gender dysphoria and trying to prove that my child had other issues

We waited for over 5 months to see CAMHS as the GP said they had to see our child first. They discharged her after one appointment as they knew nothing about gender identity issues

My CAMHS therapist thought it was really interesting, and kept seeing me even though they knew nothing and were unable to help me

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Tavistock/Sandyford Gender Identity Development Services

- Huge rise in referrals over recent years
- Sandyford ONLY provider in Scotland (Glasgow)
  - **Waiting time over 12 months**
- Tavistock ONLY provider in England and Wales (Leeds & London) plus outreach clinics
  - Prefer referrals via CAMHS
  - Will accept referrals from health, social services, voluntary sector and education departments but don't accept self referrals
  - **Waiting time was 18 weeks, now being reported to parents as 9-12 months**

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Coping with dysphoria

- The distress caused by the ‘wrong’ puberty can cause significant distress, depression and can lead to self harm and suicidal thoughts (and actions).
- Tanner stages 1 to 5
- Blockers and Gender Affirming Hormones
- Current NHS system
- Options open to children and families

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Waiting Times

- Tavistock 1st appt was 18 weeks from referral, currently 39+
- Mermaids survey 2014*
  - Median wait to physical intervention 15 months
    - **Devastating / torture for those already in puberty**
  - 19 of 44 parents contacted Tavistock trying to expedite appt as child seriously self-harming or suicidal and physically changing
  - No support or earlier appt offered
  - Often no reply

*Survey of 44 Mermaids members August 2014

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Changes coming?

- Faster assessments and referral for physical intervention for pubertal young people (when they eventually get into the service)
- Additional clinicians being added to the teams in Leeds and London
- Requirement to travel to London for physical intervention being relaxed, young people of 14 and over being seen in Leeds if closer
  - **Children under 14 HAVE to travel to London regardless of where they live**
- Less time on blockers (currently 1 year) needed for pubertal young people
  - **Why bother with blockers at all in young people of 14 and over who have completed assessment?**
- Gender affirming hormones protocol allows for 'around 16'

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Cookie Policy | Feedback

Mail Online

'It is a trend'. 'These children think this is a way to be famous and cool'

Home | News | U.S. | Sport | TV&Showbiz | Australia | Femail | Health | Science | Money

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'Get away, let him hurt me not you':

Young soldier o night out 'was k

'My child once or twice told me they were a girl when they were little. I said 'don't be silly Billy you are a boy. Aren't I an amazing parent? If only these stupid parents/mums had followed my example'

Parents in bitter battle over their child's gender: Father brands controversial transgender charity as 'meddlers' in yet ANOTHER case of a mother dressing her son, five, as a girl

- Mother believes the boy, five, should wear a girl's uniform to school
- She is being backed on issue by transgender children's charity Mermaids
- Father says his son has simply been confused by his mother dressing him
- The five-year-old has been dressed as a girl since he was two by mother

'So-called trans-women are really men who are pretending to be women so that they can invade women's spaces to rape women'

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Parenting a transgender child seems to be a particularly lonely road. The vile and vicious comments under Daily Mail articles about transgender children and their families, are matched on the Guardian, on Mumsnet, even on supposedly LGBT friendly sites like Gay Star News. Parents of transgender children are harshly judged and attacked from the right and from the left. From traditional conservatives and from radical feminists. From religious fundamentalists and sections of the LGB exclusionary parts of LGBT+. At times it feels overwhelming. **Hopeless.**

Transgender children are very likely to get bullied or socially isolated. Many are victims of hate crimes. Most transgender children desperately want to fit in and be accepted as one of the other children. This is not a path to being famous and cool My child genuinely though she was the only child in the world to have felt this way. She had never heard of transgender. She didn't know what being cool or famous meant. (Though as a proud parent, my child will always be cool to me).

https://growinguptransgender.wordpress.com/2016/11/15/sticks-and-stones/

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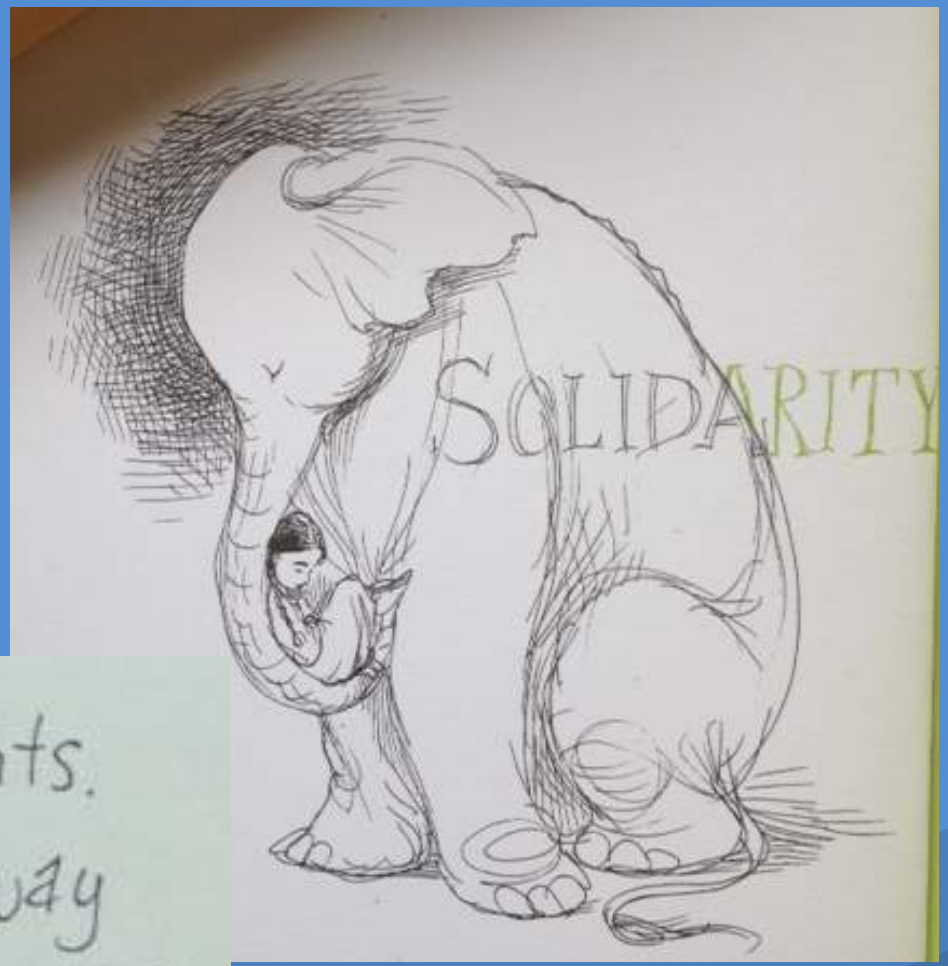

We all have the same rights.
No-one can take them away
or give us different ones because
of who we are, or because we
are different from them.

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ONE PUMP COURT

IMMIGRATION DETENTION

Allan Briddock
abr@1pumpcourt.co.uk

DETENTION – AN OVERVIEW

- Several statutory powers allowing Home Office to detain persons in immigration detention;
- Most common is to ‘enforce removal’;
- Asylum seekers (therefore including refugees) can also be detained.

Detention of Asylum Seekers

- ‘Detained Fast Track’ allowed the Home Office to detain refugees - found to be an unlawful process by legal challenge and suspended July 2015
- Replaced with ‘Detained Asylum Casework’ (DAC)
- Numbers are less but still detentions.

Trans Detainees

- Current rules and regime do not protect the rights of trans detainees or even their safety
- ’Rule 35’ Detention Centre Rules 2001 meant to safeguard vulnerable detainees including those who are suicidal
- Failure to do so one of the main reasons why DTF found unlawful
- Still ineffective (new DSO out 11/11/16)

Rules for Trans Detainees

Detention Services Order 11/2012 (DSO)
Care and Management of Transsexual Detainees

'must treat transsexual detainees as members of the gender in which they live. Detainees who consider themselves transsexual, and who have undergone, are beginning to undergo, or wish to begin gender reassignment, must be permitted to live permanently in their acquired gender'

So all good?

- Sadly not
- Policy generally not in accordance with definition in Equality Act 2010
- Policy allows staff to determine the detainee's gender

For example…

‘If there is uncertainty about a detainee’s gender, the detainee should be asked which gender they consider themselves to be and treated accordingly, if appropriate’.

‘Where there is doubt about a detainee’s gender and the detainee is unwilling to state the gender they consider themselves to be, they should be dealt with according to the gender indicated in official documentation such as a passport or birth certificate’.

No allowance for non-binary or non-gendered

Legally and Physically?

Detainees transitioning from male to female, but who are currently legally and fully physically male, would be full searched by male officers and detainees transitioning from female to male, but are currently legally and fully physically female, would be full searched by female officers.
Many more examples such as this – very unclear what it means. Who decides?

The Shaw Report

- *Review into the Welfare in Detention of Vulnerable Persons* - January 2016
- Looked at immigration detention generally
- Extremely detailed and made many recommendations
- Heard evidence from UKLGIG

The Shaw Report

‘I am sympathetic to the argument that transsexual people are unsuited to detention given what I have seen for myself is the inability of IRCs to provide an appropriate, safe and supportive environment’.

‘Recommendation 14: I recommend that transsexual people should be presumed unsuitable for detention’.

Immigration Act 2016

59 Guidance on detention of vulnerable persons

(1) The Secretary of State must issue guidance specifying matters to be taken into account by a person to whom the guidance is addressed in determining—

- a) whether a person ("P") would be particularly vulnerable to harm if P were to be detained or to remain in detention, and
- (b) if P is identified as being particularly vulnerable to harm in those circumstances, whether P should be detained or remain in detention.

Guidance on adults at risk in immigration detention – August 2016

'The intention is that the guidance will, in conjunction with other reforms referred to in the Government's response, lead to a reduction in the number of vulnerable people detained and a reduction in the duration of detention before removal'.

Guidance continued….

‘…a list of conditions or experiences which will indicate that a person may be particularly vulnerable to harm in detention’

Including:

‘being a transsexual or intersex person’.

Guidance

- Does not mean trans people will not be detained
- And reliant firstly on Home Office acceptance person is trans

Conditions of Detention

For trans detainees this environment can be particularly challenging and dangerous. One participant told of being placed in a male detention centre despite making it clear that she identified as a woman and had been taking steps to transition. Participants described how detention centres failed to take basic steps that could help trans people to feel safer, like providing private spaces to shower and get changed.

- NO SAFE REFUGE: Experiences of LGBT asylum seekers in detention 2016 (Stonewall and UKLGIG)

Conditions

I told all the staff at the night shift that I am trans. There were a few officers who were not so welcoming. They emphasised 'Mister' when talking to me. I felt they
have to be trained. They don't know how to approach a transgender person I suppose. It's making fun of me. VANI, INDIAN ASYLUM SEEKER

- NO SAFE REFUGE: Experiences of LGBT asylum seekers in detention (Stonewall and UKLGIG)

Strategic Litigation

- Lawfulness (Equality Act compatibility and articles 3, 5, 8, 14 ECHR) of Detention Services Order 11/2012
- Improper or non use of ‘Guidance on adults at risk in immigration detention’ with view for a complete prohibition of trans detention
- Improper of non use of Rule 35 (identifying vulnerable detainees)

Strategic Litigation

- Challenging decisions that detainees not trans
- Claims for damages for direct and indirect discrimination, such as transphobic actions or language
- Claims for damages for unlawful detention

Allan Briddock

Practical Implications for Trans Equality in Prisons: A Risk Management Approach

Becky Kaufmann

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RLK Consulting UK

Background

- Increasing numbers of out trans people in prisons
- Legal and Human Rights mandates for improved treatment of trans people in the prisons
- Prison staff and administrators often want to do the right thing but don't know what that is
- By their very nature, prisons don't cope well with difference

RLK Consulting UK

Never Forget Where We Started

- We don't have any transgender people in our prison. We've had a few people come in who wore women's clothes, but we just told them to stop that nonsense. This is a men's prison.

First line SPS manager during a 2008 meeting with the STA to discuss the need for a trans policy

RLK Consulting UK

To go forward we have to work together

RLK Consulting UK

The Partnership

- The SPS and STA worked together for several years to develop a policy
- The SPS recognised they had a lack of knowledge about transgender people and relied on the STA to fill the gaps in their knowledge
- The STA took the time to learn the unique challenges of developing a policy in a prison setting (current STA justice specialist is a retired prison officer)
- Policy underwent numerous revisions over several years as the proper balance between maintaining prison operations and protecting the human rights of trans prisoners was found

Where we are now: The Scottish Prison Service Policy

Key Features of the policy

- Prisoners are alocated based on their social gender
- On initial intake trans prisoners are asked what gender they identify as and how the wish to be searched
- Managed process
  - First line managers and unit managers have the ability to review initial assignments within 72 hours
  - Initial case conference to be held within 7 days
  - All significant decisions made through and documented by case conference

Key Features of the policy

- Existing prisoners can transition while in custody
  - Case conference held to plan transition
  - Access to NHS care
  - Case by case decision as to transfer to different gender prison
    - Not an automatic decision
    - When starting to live in affirmed gender
    - Safety of trans prisoner and of other prisoners a major factor
  - Policy allows for creative solutions
- Regular ongoing case conferences
- STA staff available for consultation with both staff and prisoner

What have we Learned

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Key Lessons

- Changes must be made in manageable bites
- Cisnormative and heteronormative barriers must be broken down
- The best intentions of headquarters staff are meaningless unless front line staff are brought on board

Key Lessons

- Justice agencies and particularly prisons are resistant to change
- Relationship building is a slow process and often requires other partners
- Policies must acknowledge primary mission of justice agency

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Key Lessons

- Policies must take a holistic approach that addresses the fact that being trans is only one facet of the prisoner's experience
- Publishing a policy is the beginning, not the end of the process

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And Then There's the Newspapers

Even when you do everything right, the haters come out of the woodwork to attack you

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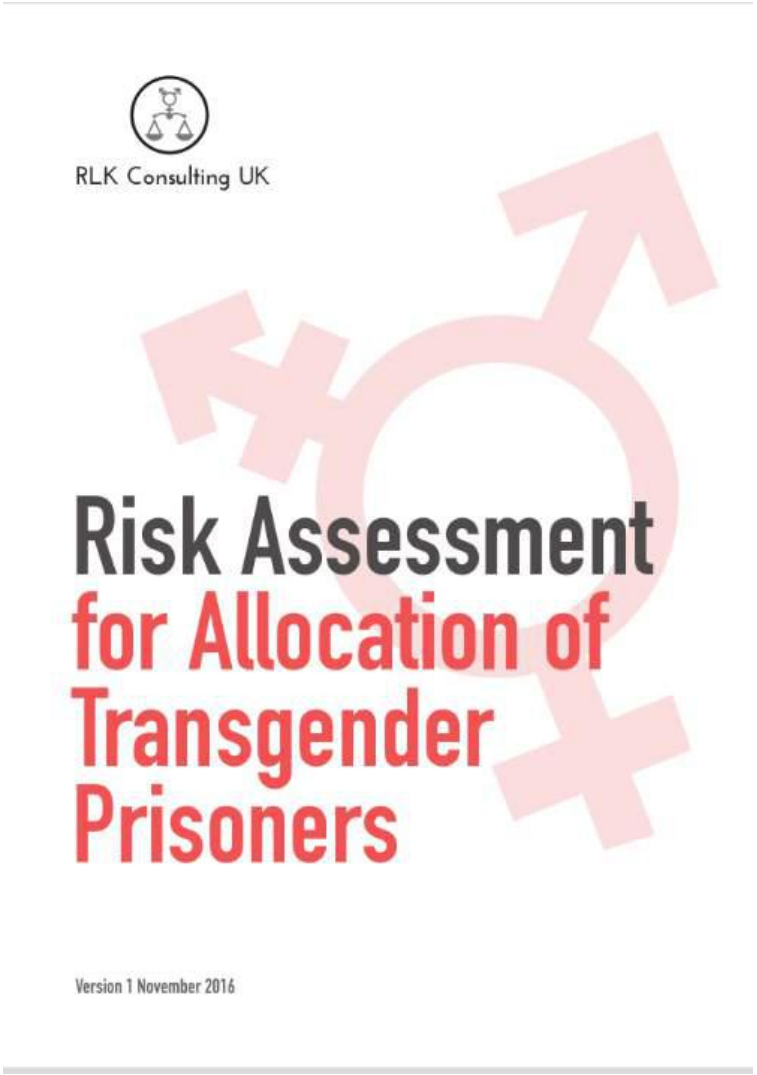
Tools are Good

There is no literature on best practice and risk assessment currently existing



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Key Features of the Risk Assessment Tool

- Holistic Approach
- Guidance Heavy – Clear explanations of what to ask along with how and why
- Produces a court defensible evidence-based path for decision making

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Trans Prisoner Friendly

- Questions are based on genuine risk factors
- Eliminates stereotypes
- Based on current understandings of trans people including non-binary

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Staff Friendly

- It's in step by step booklet form
- Designed to be utilised by front-line staff for collecting information that managers and administrators can then use for decision making

Questions Cover Six Areas

- Gender Identity
- Offense History
- Mental Health
- Incarceration History
- Safety
- Impact on current sentence (for prisoners transitioning in the prison)

Guidance for Decision Making and Ongoing Care

- Decision Making Rubric – Limits the possibility that individual administrators could lean on personal bias
- Includes Case Conference worksheets to guide ongoing assessment

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Record Keeping

- Self-contained booklet allows for recording from admission throughout stay in prison
- Case conference notes are all together and in consistent format
- Reduces risk that key issues will not be recorded from case conferences
- Following a consistent rights-based approach should reduce the potential for litigation and improve trans prisoner experiences

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Thank You

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‘Gender Fraud’ Prosecutions:

future challenges

Professor Alex Sharpe
Keele University

Trans Equality Legal Initiative

Venue: Linklaters 18 Nov 2016

Gender Fraud Prosecutions (2012-2016)

1. *R v Gemma Barker* [2012] Guildford Crown Ct unrep (30 mths)
2. *R v Chris Wilson* [2013] Edinburgh High Ct unrep (3 yrs prob/240 hrs com serv)
3. *R v Justine McNally* [2013] EWCA Crim 1051 (3 years)
4. *R v Gayle Newland* [2015] Chester Crown Ct unrep (8 yrs)
5. *R v Kyran Lee (Mason)* [2015] Lincoln Crown Ct unrep (2 yr susp)
6. *R v Jason Staines* [2016] Bristol Crown Ct unrep (39 mths)

All placed on Sex Offenders Registers: *Wilson* for 3 yrs, *Lee* for 10 yrs, the rest 'for life' !

Summary of Sexual Offences Law & Fraud

For consent to be invalidated under s 74:

(i) there must be deception
(ii) relating to a 'material fact'
(iii) of which C lacks knowledge, AND
(iv) the deception must be 'active'
(*R v McNally* [2013] EWCA Crim 1051).

Mens Rea:

D must have deliberately deceived C regarding 'material fact'

Applying Sexual Fraud Law to Gender Identity:

(i) there must be deception (AR)

- 'deception' as to gender - D is NOT a man
- must insist trans men are men

(ii) relating to a 'material' fact (AR)

- if gender considered a 'material fact,' should NOT extend beyond gender identity
- wider view undermines recognition of trans people's gender identities

(iii) of which C lacked knowledge (AR)

- contest C claims of ignorance of D gender history

(vi) deception must be 'active' (AR)

- 'deception' must be by way of statement/conduct
- how can trans people avoid crossing this act/omission divide?

(v) D must have deliberately deceived C regarding the 'material fact' (MR)

- MR may be lacking because D may have believed C consented
- however, belief must be 'reasonable' under SOA 2003
- 'normative' problem - what is 'reasonable' to belief in a cis-centric society?

The End

trans* experience of Domestic *Violence & Abuse*

Peter Kelley

November 2016

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www.gallop.org.uk

About this session

- trans* experiences of DVA
- Experiences of trans* victims
- Barriers to accessing services

About Galop

- Galop is London's LGBT community safety voluntary organisation
- Key areas: hate crime, DV & SV
- Lead Partner of the LGBT Domestic Abuse Partnership
- National LGBT DV helpline
- trans* advocacy and community development worker funded by Trust for London

LGBT Domestic Abuse Partnership

- Pan-London specialist LGBT service
- Helpline advice and support
- DV advocacy service
- Counselling
- Housing advice and advocacy
- Access to other specialist services
- Referrals@galop.org.uk
- www.lgbtdap.org.uk

trans* DVA

- 1 in 4 LGBT people experience DVA
- Figure higher for trans* people
- Safe Lives (2014) found 1.3% of DV survivors identified as LGB, however none were trans*
- No trans* v/s presenting to MARAC
- Lack of data/flagging of gender identity and violence/abuse against trans* people

Violence Against trans* People

- **2015-16 Galop figures**
- 17% of clients identified as Trans*
- 128 incidents involving trans* people recorded
- 29% HC (37)
- 27% DV (34)
- 19% SV (24)
- 26% Other (33)

Violence Against trans* People

- 2015-16 Galop DV incidents (34)
- 47% female
- 38% male
- 9% non-binary
- 5% other
- Slightly higher proportion of trans* women reporting DV
- Higher proportion of trans* women reporting SV (50%) HC (68%) and other matters (60%)

Case studies

- Young trans* man living with family, unable to live in the gender he knows himself to be, fears about forced marriage and HBV. Depressed and unable to access trans* services/groups
- Older trans* woman abused/assaulted by wife and ostracised from adult children. Counter allegations meant she was also treated as perpetrator
- BME trans* woman who repeat victim of abusive relationships, substance misuse, sexually exploited/assaulted but refuses to engage with services despite risks

LGBT and gender based violence

- trans* experiences of DV are often absent from ‘public story’ of DV e.g.:
- VAWG is hetero/gender normative
- ‘same sex’ DV not appropriate to all trans* v/s
- Gender & gender identity always matter
- trans* experiences go unrecognised or are sensationalised in the media

VAWG & violence against trans* people…

- Domestic Violence & Abuse from intimate partner & family
- Sexual violence
- Hate crime and harassment
- Forced Marriage
- So called honour based violence
- Stalking
- Sexual Exploitation & traficking

Examples of homicides involving trans* women in London

- Murder of Kelly Telesford, Destiny Lauren (by casual sexual partners)
- Murder of Vanessa Santillan by partner (2015)
- Claire Darbyshire convicted of murdering her father (2016)

Unique forms of trans* DV

- Abused, threatened & controlled because of your identity
- Gender history disclosed/outed, including using social media
- Prevented from living in the gender they know themselves to be; e.g. withholding clothing, access to medical services
- Ostracised/isolated from family/community
- Exorcisms/ 'corrective' rape
- Grooming v/s
- Using v/s immigration status against them
- v/s & perp minimising DVA
- trans* v/s often have additional needs around mental & physical health, employment, housing, etc.

Barriers to speaking about your experiences

- There are significant barriers to trans* people speaking up about their experiences, getting independent help and engaging with the CJS
- The effects of secrecy & silence in your life
- Social isolation & few relationship role models

Barriers to services

- Accessing support requires disclosing identity to the service
- Secondary victimisation
- May not show as high risk e.g. DASH
- Unable/reluctant to access local or specialist services, e.g. limited access to refuge accommodation

Cont…

- Relationships are not always recognised or present in a gender or hetero-normative way
- Minimising trans*phobic DVA in families
- Recording trans* DVA as hate crime
- V/S being treated as a perpetrator
- V/S not engaging with services
- Unequal laws – e.g. spousal veto

Refuge Accommodation

- Equality Act (2010)
- Gender Reassignment a 'protected characteristic'
- Any service that provides to the public, or that sells goods and services
- "If you are an organization that provides separate or single-sex services for women and men, or you provide your services differently to women and men, you should treat transsexual people according to the gender role in which they present." *
- (Voluntary and community sector: quick start guide to gender reassignment for service providers, Government Equalities Office, 2011)
- * EXCEPTIONS- beware of clauses!

Campaign – Sarah Golightley ….

- Promote trans* and LGBT specific domestic violence support initiatives.
- Most trans* correspondents state that they want a transgender specific and/or LGBT specific accommodation service.
- Raise awareness!
- Improved legal protection when accessing refuges, accommodation provision, and health services.
- Think about intersectional identities and needs!

Useful Contacts & Resources

Galop's website has lots of information, including the PDF of the 'Shining the Light' document: www.galop.org.uk

Referrals@galop.org.uk for victims/survivors

National LGBT DVA Helpline, including trans* specific service
0800 999 54 28

To find out local/ London-wide LGBT organisations:

Centred www.centred.org.uk/content/lgbt-wiki

Trans Equality Legal Initiative launch Conference

Education

Must haves:

- Implementation of Public Sector Equality Duty
- Prominent code of conduct
- Transition policies for staff and pupils
- DfE guidance on name and gender marker change (teachers still have 1 (M) or 2 (F) on intranet); Jennifer Wilson (1) **X**
- Curriculum at all levels
- PSHE – GEO should publish existing trans guidance (March 2015)
- A recent parliamentary report concluded that *'young people consistently report that the sex and relationships education (SRE) they receive is inadequate,' and* recommended that PHSE be made statutory, with SRE as a core component

Name/gender: Liberalise practice according to DfE Census guidance

- **4.2.3 Pupil Surname**
- Full legal surname as the school believes it to be (Schools are not necessarily expected to have verified this from a birth certificate or other legal document).
- **4.2.7 Pupil Gender** (binary only)
- The gender [sex] of the pupil in the format of M (Male) or F (Female).
- In exceptional circumstances a school may be unsure as to which gender should be recorded for a particular pupil. The advice from the Department is to record the gender according to the wishes of the pupil and/or parent.

Recent case – application for secondary school

- Trans girl who had been living according to her affirmed gender for 2 years, applied to go to an all girls school:
- She was rejected, apparently on the grounds that :-
  - either they didn't take 'boys'?
  - or they didn't take transgender pupils?
- Are both these propositions potentially unlawful since they could take a boy or a trans girl
- Would they have taken a trans boy??

Our School CODE

We are proud of our school

We believe that everyone is equal and must be treated with respect

We do not allow anyone to discriminate against others because of their:

age; disability;

gender reassignment;

pregnancy/maternity;

race; religion or belief;

sex or sexual orientation;

We challenge those who breach the code

Identifying with one strand of diversity does not give you the right to discriminate against, harass or bully someone because they identify with a different strand

Whatever your religion or belief, you must respect other people's religions and beliefs;

and whatever religion you follow, you must respect other people's identification as gay, lesbian, bisexual or transgender.

If you are being harassed or bullied in, or outside, the premises, report it.

If you see someone else being bullied, report it.

We are all responsible for each other's wellbeing

WE ARE KIND TO EACH OTHER

WE RESPECT EACH OTHER'S DIFFERENCES

P

S

E

D

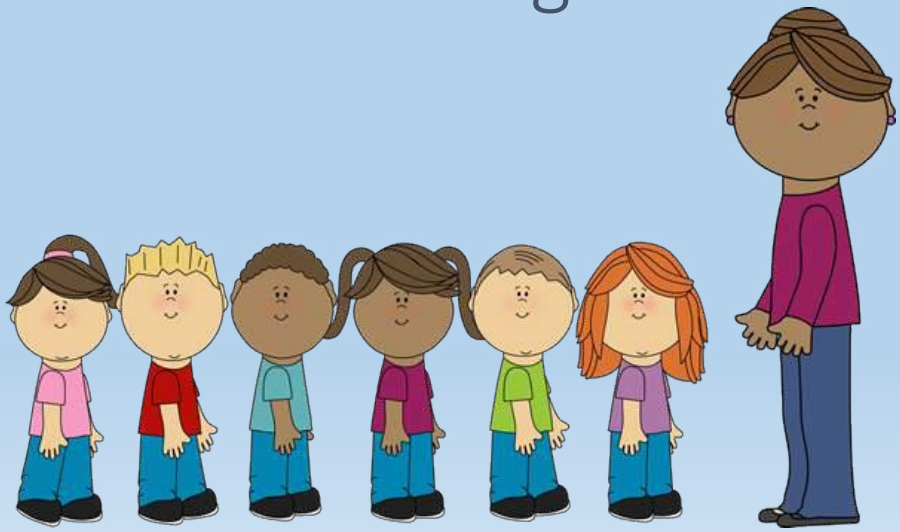
We are kind to each other; bullying isn't cool

If someone bullies you, or you see someone else being bullied, (including on your phone or computer) tell a teacher

It's OK to disagree; it's not OK to be nasty to a person you disagree with

everyone is different, and everyone is equal

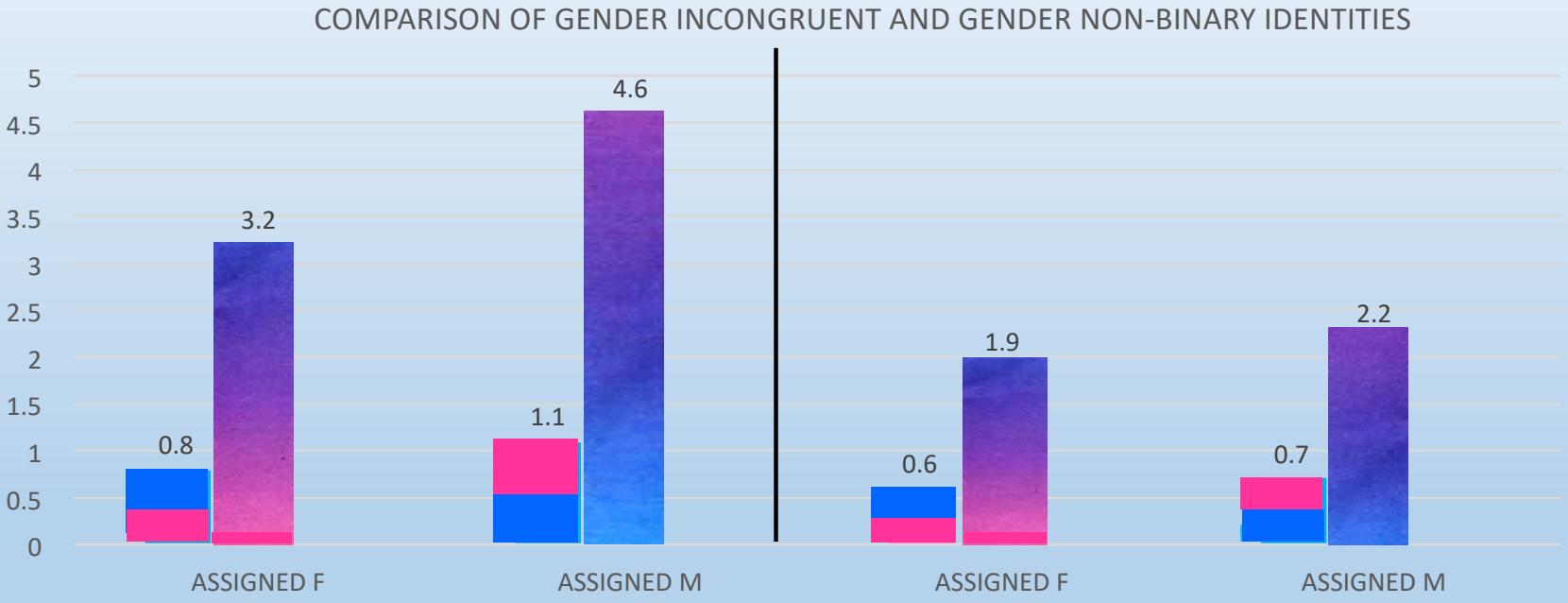
Schools: Gender blurring



Think outside the boxes:
Lining up need not be as boys and girls;
Uniform can be flexible;
Lessons must promote equality

The Netherlands
Non-binary 4x

Belgium
Non-binary 3x



Urgent need for clarity regarding inclusion in Equality Act

- Legislation (Equality and Human Rights)
- Staff, governers: awareness training (impact of EqA;HRA)
- Code of Conduct
- Celebratory events for trans/LGB&T
- (Transition) Memorandum of Understanding
- Dates where possible (flexible)
- Change of gender expression
- Change of name and pronoun in documentation (confidentiality)
- Disclosure – who, what, when, how
- Information leaflets
- Ensure toilet facilities are fit for purpose
- Support – appoint mentor
- Press intrusion (pre-prepared statement)
- Curriculum

Transition of a Pupil in School

Legislation
Schools fall under the Public Sector Equality Duty: they must eliminate discrimination; provide equality of opportunity; and foster good relations between minority groups and others. Religion or belief may not be used to discriminate against lesbian, gay, bisexual or gender variant/trans/ non-binary people.

Recommended Memorandum of Understanding
Confidential, informal document; access restricted: protects the young trans person and clarifies the school's obligations. To be signed by Head Teacher and parent or guardian: a flexible document to be reviewed from time to time and amended as necessary.

Important changes and actions should be scheduled -

Name and gender-marker (pronoun) change, including on documents, school records, DfE returns (keep secure any hard copy or IT documents with old name/pronouns). Reissue any award or other certificates (N.B social name change does not require anything other than the young person's expressed intentions and parents'/guardians' agreement; children may obtain a Deed Poll or Statutory Declaration may help to facilitate correction of documents. 16+ don't need parents'/guardians' support. http://www.ukdp.co.uk/name-change-age-restrictions/

Date of transition (change of gender role), including any uniform requirements, agreed with young person and family;

Toilet and changing facilities: ensure that these are immediately available in line with new gender presentation, and the young person's wishes;

Disclosures: To whom, by whom, how and when? *May* include communication to teachers, pastoral staff, school nurse and other staff, governors; possibly, parents of children in class; children in peer group, whole school?

Only give information when *necessary*; respect confidentiality and privacy e.g. a new pupil who has already transitioned need not disclose;

Press Intrusion: Prepare generic equality statement to be issued if necessary. Alert office staff who respond to telephone calls, so that confidentiality and privacy is not breached.

Training: Teachers and pastoral staff, governors; may include use of elearning: http://cs1.e-learningforhealthcare.org.uk/public/GEV/GEV_01_001/story.html

Literature: e.g. leaflets for parents, signposting e-Learning;

Support: Appoint mentor for child; signpost other support groups for family. See: Directory of groups www.TranzWiki.net;
GIRES at www.gires.org.uk
Mermaids at www.mermaids.org.uk
Allsorts at http.www.allsortsyouth.org.uk

Time out: Children (especially during puberty) may need clinic appointments – miss school and need to make up lost lessons; from start of puberty, possibly on hormone-blockers leading to lack of energy, see: http://tavistockandportman.uk/care-and-treatment/information-parents-and-carers/our-clinical-services/gender-identity-development

http://elearning.rcgp.org.uk/gendervariance

Curriculum: Introduce equality and human right concepts in classroom; see: www.gires.org.uk/education/classroom-lesson-plans; Primary level: Penguin Stories; Middle school: Peter's story (parent is trans); middle and senior school, The Gender Question.

Code of Conduct: Prominently display generic policy, covering all protected characteristics;

Celebrate diversity: Facilitate LGBTQI group and run events such as LGB&T History Month (February)

Being me

In Penguin land

written and illustrated by Terry Reed

© gires
www.gires.org.uk

This book is one in a series of three short books, each defining a different gender experience. In this story, the penguin child identifies as non-binary.

"We can't always tell if you're a boy or you're a girl.

But either way, we love you –

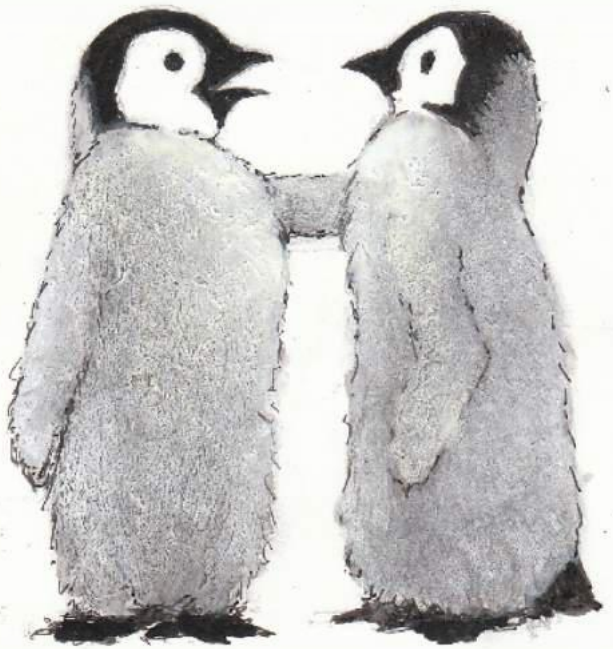
just the same".

"You can tell us later, and we will change your name, and we'll love you just the same".

"So tell us when you're ready – there's no hurry. We'll love you still – don't worry".

It can be easier to tell a friend – “I’m not a girl or boy but somewhere in between. I’m not like all the others, I just don’t feel the same”.

“you don’t need to be exactly one or other, it’s all the same to me. We will stick together, ‘cos that’s how friends should be”.

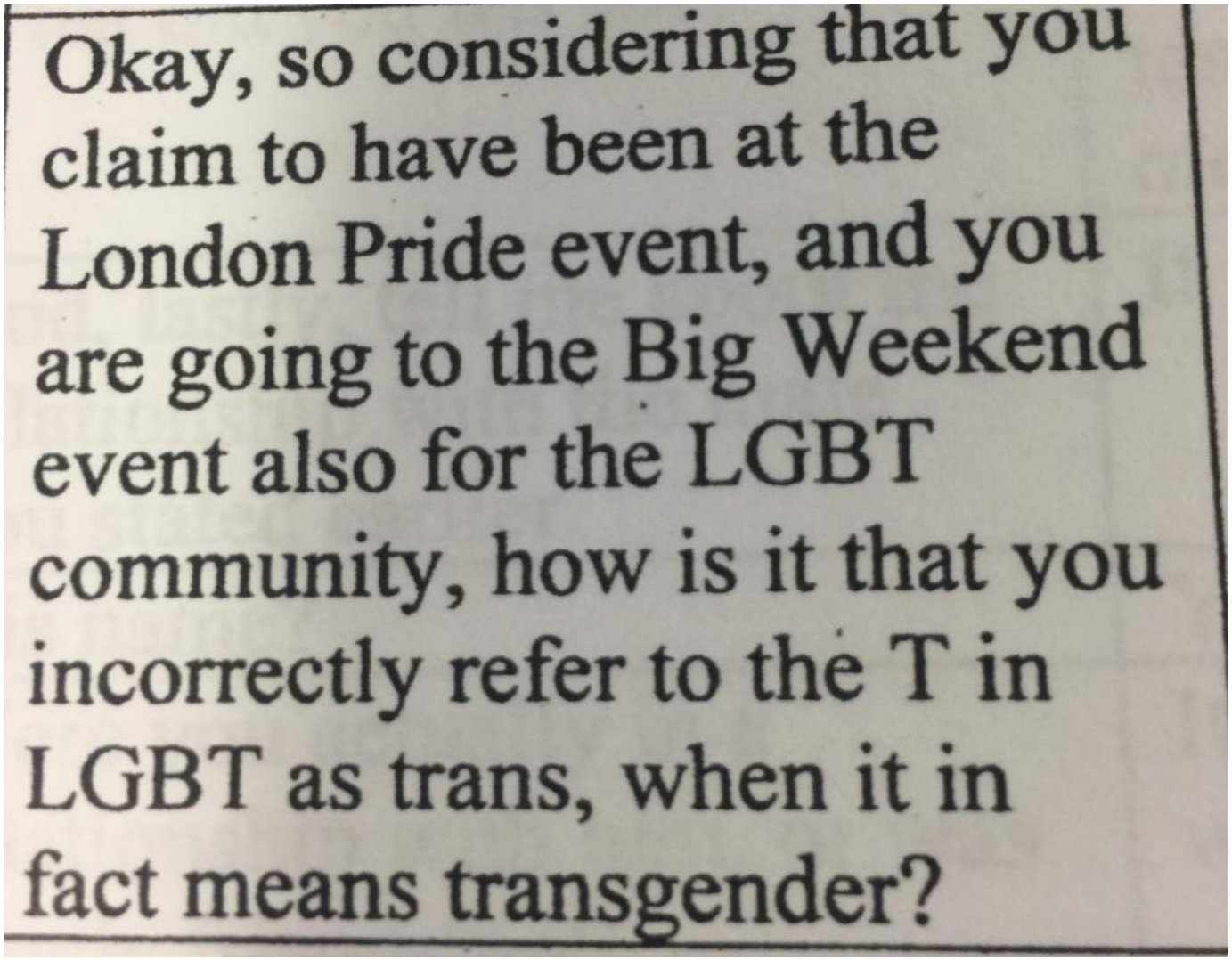


“You’ll still be fun, and clever, and we’ll be friends for ever”.

The family has listened and decided they were wrong to call you ‘him’ or ‘her’ -

So as you're somewhere in between, we all agreed on Blur!

"So we will have a party and all your friends will come. We'll tell them you are Blur and you really always were!"


Okay, so considering that you claim to have been at the London Pride event, and you are going to the Big Weekend event also for the LGBT community, how is it that you incorrectly refer to the T in LGBT as trans, when it in fact means transgender?


ORLANDO
WITH
SO MUCH
LOVE
FROM
PAKISTAN
4 ORLANDO
MAKE BIRYANI
NOT BOMBS!!!
UK Lesbian & Gay


المتحولون و المتحولات و متغيرو و متغيرات النوع الإجتماعي مرحب بهم و بهن هنا
REFUGIADXS TRANS SON BIENVENIDXS AQUÍ!
LES RÉFUGIÉS TRANS SONT LES BIENVENUS!
TRANS REFUGEES ARE WELCOME TO STAY!
ТРАНС* БЕЖЕНЦЫ, ДОБРО ПОЖАЛОВАТЬ!
!ٹرانس مہاجرین آپ کو خش آمدید
به تمام پناهندگان ترنس خوش آمد میگوئیم
TGEU
Transgender Europe

From: Polly Carmichael
To: "Susie Green"
Cc: [redacted]
Subject: RE: Residentials
Date: 24 January 2017 15:48:50

Dear Susie

Apologies not to have responded sooner. [redacted] and I can do the March 24th- 26th residential in Watford. Perhaps if you let me know what time would be best for you and we can see if we can fit in.

Best wishes
Polly

From: Helen H
To: Polly Carmichael
Subject: Mermaids Residential
Date: 22 March 2017 16:26:15

Dear Polly

Here are the details for the Mermaids Residential this Saturday.
29 Lincoln Field, Bushey Hall Drive, Bushey WD23 2ES - there is parking on site.

Your talk is scheduled from 2.00 p m - 3.00 p.m. Please feel welcome to come earlier and join us for lunch and I can introduce you to Caroline Roberts our Chair who will be introducing you. Susie is unable to attend the weekend as she has a family emergency.
My mobile no. is [redacted] should you need it. If I can help with anything Please don't hesitate to ask.

Very Best
Helen

Helen Haynes
Mermaids Trustee

From: Michael Ryan <michael.ryan.wspf@[redacted]
Sent: 31 March 2016 12:04
To:[redacted]@tavi-port.nhs.uk>
Subject: Westminster Social Policy Conference on transgender equality - inc. access to NHS services - keynote contributions from Equality and Human Rights Commission and NHS - Morning, Wednesday, 15th June 201

Westminster Social Policy Forum Keynote Seminar

Policy priorities for transgender equality

with

Jackie Driver, Director, Funded Programmes, Equality and Human Rights Commission and **Will Huxter**, Regional Director of Specialised Commissioning (London) and Chair, Gender Identity Task and Finish Group, NHS England

and

Helen Belcher, *Trans Media Watch*; **Dr Polly Carmichael**, *Tavistock and Portman NHS Foundation Trust*; **Peter Dawson**, *Prison Reform Trust*; **Susie Green**, *Mermaids UK*; **Dr Debbie Hayton**, *King Henry VIII School, Coventry*; *NASUWT* and *TUC LGBT Committee*; **Delia Johnston**, *Trans in Sport*; **Megan Key**, *National Probation Service* and **Steve Mulcahy**, *Richard Lander School, Cornwall*

Chaired by:

Baroness Barker, Vice Chair, All-Party Parliamentary Group on Global Lesbian, Gay, Bisexual, and Transgender Rights

This event is CPD certified

Morning, Wednesday, 15th June 2016

Central London

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Dear

I am writing to ensure you don't miss the above seminar if you are able to attend. Please note there is a charge for most delegates, although concessionary and complimentary places are available (subject to terms and conditions - see below).

This timely seminar will assess policy priorities for transgender equality, focusing on:

- Issues around NHS services for transgender people;
- The effectiveness of the Gender Recognition Act, the Equality Act 2010 and the Marriage (Same Sex Couples) Act;
- Inclusion in both education and workplace environments; and
- Transphobia (including the portrayal of trans people in the media) and hate crime against trans people.

I thought the subject matter would be of particular interest as delegates are expected to discuss the future of healthcare services for transgender people. There will be a presentation from Will Huxter, Regional Director of Specialised Commissioning (London) and Chair, Gender Identity Task and Finish Group, NHS England, and Dr Polly Carmichael, Consultant Clinical Psychologist and Clinical Director, Gender Identity Development Service, Tavistock and Portman NHS Foundation Trust.

Following the Women and Equalities Committee report which considered how trans people have yet to achieve full equality, attendees will discuss how these issues are dealt with by

Government agencies, the media, the NHS, the criminal justice system and the education system.
The agenda also includes a keynote contribution from **Jackie Driver**, Director, Funded Programmes, Equality and Human Rights Commission.
The conference is bringing together health practitioners and commissioners, local authorities, schools and other educational institutions, employers and HR professionals, legal experts, representatives from the criminal justice system, media companies, commentators and academics, campaign and third sector groups and other interested parties.
Delegates will discuss how to best address discrimination in other important public services, and will evaluate both the review into the care and management of transgender people in prison and the next steps for NHS England who are in discussions with adult Gender Identity Clinics about capacity, waiting times and additional investment.
Overall, planned agenda sessions look at:

- Policy priorities for addressing transgender equality;
- The impact of legislation on gender recognition and identity;
- The portrayal of trans people in the media;
- The criminal justice system and its impact on transgender people;
- Access to health services and treatment; and
- How best to achieve an inclusive education and employment environment.

The draft agenda is copied below my signature, and a regularly updated version is available to download here. The seminar is organised on the basis of strict impartiality by the Westminster Social Policy Forum.

Speakers

We are delighted to be able to include in this seminar keynote addresses from: **Jackie Driver**, Director, Funded Programmes, Equality and Human Rights Commission and **Will Huxter**, Regional Director of Specialised Commissioning (London) and Chair, Gender Identity Task and Finish Group, NHS England.
Further confirmed speakers include: **Helen Belcher**, Director, Trans Media Watch; **Dr Polly Carmichael**, Consultant Clinical Psychologist and Clinical Director, Gender Identity Development Service, Tavistock and Portman NHS Foundation Trust; **Peter Dawson**, Deputy Director, Prison Reform Trust; **Susie Green**, Chief Executive Officer, Mermaids UK; **Dr Debbie Hayton**, Head of Physics, King Henry VIII School, Coventry; Member, NASUWT and Member, TUC LGBT Committee; **Delia Johnston**, Specialist Diversity Consultant, Trans in Sport; **Megan Key**, Equalities Manager, National Probation Service and **Steve Mulcahy**, Headteacher, Richard Lander School, Cornwall.
Baroness Barker, Vice Chair, All-Party Parliamentary Group on Global Lesbian, Gay, Bisexual, and Transgender Rights has kindly agreed to chair part of this seminar. Additional senior participants are being approached.

Networking

This seminar will present an opportunity to engage with key policymakers and other interested parties, and is **CPD** certified (more details). Places have been reserved by parliamentary pass-holders from **POST** and the **House of Commons** and officials from the **DCLG**; **DH**; **Government Legal Department**; **Home Office**; **HM Courts & Tribunals Service**; **MoJ**; **NAO**; **NOMS**; and the **Welsh Government**. Also due to attend are representatives from **Abertawe Bro Morgannwg University Health Board**; **Anglia Ruskin University**; **British Board**

of Film Classification; **Cafcass**; **Cam Taf University Health Board**; **Cartridges**; **Coram Chambers**; **Ditch the Label**; **Doncaster Council**; **Ealing Council**; **G4S**; **Glyndwr University**; **Goldsmiths, University of London**; **Hampshire County Council**; **Healthwatch Devon**; **HM Inspectorate of Probation**; **Hull City Council**; **Keele University**; **King's College London**; **Leigh Day**; **Lewis Silkin**; **LGBT Foundation**; **Londonwide LMCs**; **Manchester Metropolitan University**; **NASUWT**; **National Institute of Economic and Social Research**; **National LGB&T Partnership**; **NHS Centre for Equality and Human Rights**; **NHS England**; **Nonbinary Inclusion Project**; **Norbury Manor Business and Enterprise College for Girls, Surrey**; **Northumbria University**; **NUS**; **NUT**; **Oakfield School, Lambeth**; **Oxleas NHS Foundation Trust**; **Peterborough City Council**; **Plymouth University**; **Public Health England**; **PwC**; **Race Equality First**; **Royal Free London NHS Foundation Trust**; **Sodexo**; **South London & Maudsley NHS Foundation Trust**; **Stonewall**; **Tavistock and Portman NHS Foundation Trust**; **Tesco**; **The Open University**; **Together for Mental Wellbeing**; **Together Working for Well Being**; **Trans Youth Wrexham**; **UK Trans Info**; **University College London**; **University of Cambridge**; **University of East Anglia**; **University of Exeter**; **University of Hertfordshire**; **University of Huddersfield**; **University of Leicester**; **University of Oxford**; **Wandsworth Borough Council**; **Welsh Health Specialist Services Committee (WHSSC)** and **Westminster School, London**.

Press passes have been reserved by representatives from **HR Magazine** and **The Independent**.

Overall, we expect speakers and attendees to be a senior and informed group numbering around 100, including Members of both Houses of Parliament, senior government officials involved in this area of social policy, representatives of citizen groups, local authorities, campaigning organisations, businesses and their advisors and social and academic commentators, together with reporters from the national and trade press.

Output and About Us

A key output of the seminar will be a transcript of the proceedings, sent out around 10 working days after the event to all attendees and a wider group of Ministers and officials at the DfE, DH, Home Office and other government departments affected by the issues; and Parliamentarians with a special interest in these areas. It will also be made available more widely. This document will include transcripts of all speeches and questions and answers sessions from the day, along with access to PowerPoint presentations, speakers' biographies, an attendee list, an agenda, sponsor information, as well as any subsequent press coverage of the day and any articles or comment pieces submitted by delegates. It is made available subject to strict restrictions on public use, similar to those for Select Committee Uncorrected Evidence, and is intended to provide timely information for interested parties who are unable to attend on the day.

All delegates will receive complimentary PDF copies and are invited to contribute to the content.

The Westminster Social Policy Forum is strictly impartial and cross-party, and draws on the considerable support it receives from within Parliament and Government, and amongst the wider stakeholder community. The Forum has no policy agenda of its own. Forum events are frequently the platform for major policy statements from senior Ministers, regulators and other officials, opposition speakers and senior opinion-formers in industry and interest groups. Events regularly receive prominent coverage in the national and trade press.

Booking arrangements

To book places, please use our online booking form.
Once submitted, this will be taken as a confirmed booking and will be subject to our terms and conditions below.
Please pay in advance by credit card on 01344 864796. If advance credit card payment is not possible, please let me know and we may be able to make other arrangements.
Options and charges are as follows:

- Places at *Policy priorities for transgender equality* (including refreshments and PDF copy of the transcripts) are **£210** plus VAT;
- Concessionary rate places for small charities, unfunded individuals and those in similar circumstances are **£80** plus VAT. Please be sure to apply for this at the time of booking.

For those who cannot attend:

- Copies of the briefing document, including full transcripts of all speeches and the questions and comments sessions and further articles from interested parties, will be available approximately **10 days** after the event for **£95** plus VAT;
- Concessionary rate: **£50** plus VAT.

If you find the charge for places a barrier to attending, please let me know as concessionary and complimentary places are made available in certain circumstances (but do be advised that this typically applies to individual service users or carers or the like who are not supported by or part of an organisation, full-time students, people between jobs or who are fully retired with no paid work, and representatives of small charities - not businesses, individuals funded by an organisation, or larger charities/not-for-profit companies). Please note terms and conditions below (including **cancellation charges**).
I do hope that you will be able to join us for what promises to be a most useful morning, and look forward to hearing from you soon.
Yours sincerely
Michael Ryan

Michael Ryan
Deputy Editor, **Westminster Social Policy Forum**
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www.westminstersocialpolicyforum.co.uk
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of invoice, the Westminster Social Policy Forum will apply an administration charge of £40+VAT, likewise for payments made to our account in error.

Westminster Social Policy Forum Keynote Seminar: Policy priorities for transgender equality

Timing: Morning, Wednesday, 15th June 2016

Venue: Central London

Draft agenda subject to change

8.30 - 9.00	Registration and coffee
9.00 - 9.05	**Chair's opening remarks** Senior Parliamentarian
9.05 - 9.30	**Policy priorities for addressing transgender equality** Senior speaker to be announced Questions and comments from the floor
9.30 - 9.55	**The impact of legislation on gender recognition and identity** **Jackie Driver**, Director, Funded Programmes, Equality and Human Rights Commission Senior representative, legal Questions and comments from the floor
9.55 - 10.25	**The portrayal of trans people in the media - visibility, regulation and dealing with transphobia** **Helen Belcher**, Director, Trans Media Watch Senior representative, news Senior representative, social media Questions and comments from the floor
10.25 - 10.50	**The criminal justice system and its impact on transgender people** **Peter Dawson**, Deputy Director, Prison Reform Trust **Megan Key**, Equalities Manager, National Probation Service Questions and comments from the floor
10.50 - 10.55	**Chair's closing remarks** Senior Parliamentarian
10.55 - 11.25	Coffee
11.25 - 11.30	**Chair's opening remarks** **Baroness Barker**, Vice Chair, All-Party Parliamentary Group on Global Lesbian, Gay, Bisexual, and Transgender Rights
11.30 - 12.10	**Key issues for health services - access to treatment, patient pathways and understanding care** **Will Huxter**, Regional Director of Specialised Commissioning (London) and Chair, Gender Identity Task and Finish Group, NHS England **Dr Polly Carmichael**, Consultant Clinical Psychologist and Clinical Director, Gender Identity Development Service, Tavistock and Portman NHS Foundation Trust **Susie Green**, Chief Executive Officer, Mermaids UK Questions and comments from the floor
12.10 - 12.55	**Next steps for an inclusive education and employment environment** **Steve Mulcahy**, Headteacher, Richard Lander School, Cornwall **Dr Debbie Hayton**, Head of Physics, King Henry VIII School, Coventry ; Member, NASUWT and Member, TUC LGBT Committee **Delia Johnston**, Specialist Diversity Consultant, Trans in Sport Senior representative, higher education Questions and comments from the floor
12.55 - 13.00	**Chair's and Westminster Social Policy Forum closing remarks** **Baroness Barker**, Vice Chair, All-Party Parliamentary Group on Global Lesbian, Gay, Bisexual, and Transgender Rights **Michael Ryan**, Deputy Editor, Westminster Social Policy Forum

From: Polly Carmichael
To: "Helen H"
Subject: RE: Mermaids Yorkshire Residential
Date: 11 April 2017 21:37:12

Dear Helen

Firstly thank you so much for having us and for the thoughtful and constructive way it was organised- It was great to see the young people's artwork and it felt such a supportive and positive atmosphere.

I have emailed [redacted] in Leeds to see who may be available and will get back to you asap.

Best wishes

Polly

From: Helen H [mailto:helen@[redacted]
Sent: 10 April 2017 11:25
To: Polly Carmichael
Subject: Mermaids Yorkshire Residential

Dear Polly
Following on from the last Mermaids Residential at Watford.
We would like to invite you or a colleague to be able to talk at our next residential which is Saturday May 20th held in Redmire - Yorkshire. Our attendees at Watford found it hugely beneficial to have yourself and Sarah there.
I look forward to hearing back from you.
Kind Regards
Helen
Mermaids Trustee

From: Polly Carmichael
To: GIDS Senior Team
Subject: Mermaids 1st July
Date: 21 June 2017 12:52:47

Dear All

Mermaids Chair has approached us to see if we could send a representative to a one day 'residential' they are running in London – hosted/involving Barclays Bank on Saturday 1st July

Sarah D and I have been to the last two and we have heard that the parents really valued it.

Unfortunately NEITHER Sarah not I can make it

Is anyone able/willing to go- we just go for about an hour to take part in a facilitated Q and A session

Obviously time can be taken back-

I didn't want to put this out to everyone but if you have anyone you manage who you think may be able to do and has a fair bit of experience I would be grateful if you could forward

Best wishes

Polly

Dr Polly Carmichael
Director Gender Identity Development Service
Consultant Clinical Psychologist

Gender Identity Development Service
The Tavistock and Portman
NHS Foundation Trust
Tavistock Centre

120 Belsize Lane
London NW3 5BA

Tel: +44 (0)20 [redacted]

Fax: +44 (0)20 [redacted]

www.tavistockandportman.nhs.uk

[redacted]**, PA**

Tel: 0208 [redacted]

[redacted]**@tavi-port.nhs.uk**

From: Polly Carmichael
To: Sally Hodges; ceo@mermaidsuk.org.uk
Cc: [redacted] ; Neil Mackin
Subject: RE: Mermaids
Date: 23 January 2018 13:32:44

Dear Susie

Thanks so much. [redacted] will get going on this.

Re the ST I did not mention it as it is upsetting when things are misrepresented. I know you have been in this situation too and so am grateful for your understanding. We have always tried to respond to media requests to promote better understanding around gender diverse young people and the last thing we would want is to be unhelpful and so this was beyond disappointing. On a positive note it is good timing that the day to meet with local support groups is coming up as this may provide a good opportunity to think together about some of the challenges working in such a complex and sensitive area.

All best

Polly

Dr Polly Carmichael
Director Gender Identity Development Service
Consultant Clinical Psychologist

Gender Identity Development Service
The Tavistock and Portman
NHS Foundation Trust
Tavistock Centre

120 Belsize Lane
London NW3 5BA

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www.tavistockandportman.nhs.uk
[redacted], PA
Tel: 0208 [redacted]
[redacted]@tavi-port.nhs.uk

From: Susie Green [mailto:ceo@mermaidsuk.org.uk]
Sent: 23 January 2018 13:15
To: Polly Carmichael <PCarmichael@[redacted]; Sally Hodges <SHodges@[redacted]
Cc: 'Neil Mackin' <neil@[redacted]>; [redacted] <[redacted]@Tavi-Port.nhs.uk>
Subject: RE: Mermaids

Dear Polly, [redacted],

Happy New Year to you and all your team, I can hardly believe it is nearly February!

I am in London all the time, so am happy to work around your availability as I can schedule in meetings around possible dates that you can make. We would be delighted to look at working with you on the NIHR application and delivery, it sounds really interesting. And for information, I have widely circulated your clarification to the Times article, so parents are aware of the bias. Having being the subject of their attention ourselves, we know how upsetting it is to have the facts skewed and misrepresented.

I look forward to hearing from [redacted] so that Neil and I can arrange a date, and I am attending the conference next week so will hopefully see you there,

Best wishes,

Susie

CEO

Mermaids UK

www.mermaidsuk.org.uk
Registered Charity Number 1160575
Helpline:
0344 334 0550
Suite 5, High Street House,
2 The High Street, Yeadon, Leeds, LS19 7PP
Please support the work we do by donating: https://mydonate.bt.com/Mermaids

From: Polly Carmichael [mailto:PCarmichael[redacted]
Sent: 23 January 2018 12:50
To: ceo@mermaidsuk.org.uk; Sally Hodges
Cc: Neil Mackin; Amanda Dolphin
Subject: RE: Mermaids

Dear Susie
Happy New Year to you and all at Mermaids.
Thanks so much for your email. It would be great to have a catch up and to meet Neil.
I don't know if you are ever in London or if you would prefer to try and meet in Leeds. I go and visit Leeds but am unlikely to be there before the end of April.
I am copying in [redacted] my PA as it is probably easiest if she co-ordinates a meeting.
On another note we are in the process of submitting an application to NIHR to follow younger service users. It would be great if Mermaids would be involved. Is this something Mermaids would be interested in, we would be very grateful for your perspective as you supporting so many families and so will know the questions they have.
Look forward to seeing you in person.
Best
Polly

Dr Polly Carmichael
Director Gender Identity Development Service
Consultant Clinical Psychologist
Gender Identity Development Service
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[redacted]**, PA**
Tel: [redacted]
[redacted]**@tavi-port.nhs.uk**

From: Susie Green [mailto:ceo@mermaidsuk.org.uk]
Sent: 22 January 2018 19:47
To: Polly Carmichael <PCarmichael[redacted]; Sally Hodges <SHodges@[redacted]
Cc: Neil Mackin <neil@[redacted]
Subject: Mermaids
Importance: High

Hi Polly,
I wondered whether it would be possible to arrange for us to have a chat sometime soon? Face to face would be better if possible, and if possible, Neil Mackin, trustee and current Chair will attend. Caroline is still a trustee but has stepped down from being Chair.
If you could get back to me with some dates and times that would be very much appreciated. I

am aware that we have not spoken in person for some time, and would like the opportunity to discuss a number of issues,
Best wishes,
Susie
CEO
Mermaids UK
www.mermaidsuk.org.uk
Registered Charity Number 1160575
Helpline:
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From: [redacted]
Sent: 09 December 2016 10:27
To:

Dear All,

[redacted] and I attended the Trans Equality Legal Initiative Conference recently and thought we would feedback some of the main points that were raised. We thought doing this via email would be best given how full the team meetings already are. We are however happy to give more details either individually or in a team meeting if this was felt to be helpful.

We have attached the days slides for your information.

· Overall there was a general dissatisfaction with NHS Gender services (both Adult and Child), and it was remarked that there was no NHS representation on the panels (there was supposed to be, but unfortunately they dropped out).

· There was misinformation about physical intervention for young people both in terms of psychological and physical impact of treatment. For example, an idea that children who are pre pubertal should have hormone blockers immediately and that this had no impact on fertility or future surgery. (they certainly hadn't seen the pictures from James Bellringer)

· Mermaids and GIRES had a strong voice at the conference, There was a criticism of GIDS waiting list even though they had acknowledged the increase in figures of referrals and new staff.

· Interestingly Mermaids had seen a 400% rise in demand over three years and at one point were only answering 9% of calls.

· A lot of the conference was around what is happening legally for members of the trans community including non-Binary people.

· Case law was discussed and a number of transmen who were prosecuted for sexual fraud. This is worth thinking about when working with young people who live in "stealth".

· In retrospect we feel it would have been helpful for GIDS to have representation on the panel. [redacted] and I are happy to do this next year if this is felt to be helpful.

We do feel that our being there did tone down the anti GIDS message from Mermaids. I Met with both Suzie Greene and Bernard from GIRES, and had a conversation with them about the "kids on the edge" film and the attempts that the service is making in reducing the waiting list. This may have helped to dilute some of the animosity on the day.

The day felt very one dimensional, there was a strong "single story" about the NHS failing vulnerable people and little consideration of the complexities and the positive impact that GIDS can have on people's lives.

Hope this is Helpful

[redacted]

[redacted]
Specialist Social Worker

Prounons used: Them/They/Their

[redacted]

[cid:image001.png@01D25206.CE8A3090]<http://www.gids nhs.uk/>
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www.gids nhs.uk<http://www.gids nhs.uk/> | www.tavistockandportman.nhs.uk

From: TELI Admin [mailto:admin@teli.org.uk]
Sent: 23 November 2016 14:04
To: admin@teli.org.uk
Subject: Re: Thank you from the TELI Team

Hi all,

Please find an updated version of the conference slides attached. There has been an update to the statistics cited in the Mermaids presentation, on p. 42 of this document, and Prof. Alex Sharpe's slides have been added.

Best,

TELI Team
On 21 November 2016 at 18:13 TELI Admin <admin@teli.org.uk<mailto:admin@teli.org.uk>> wrote:

Dear TELI Supporters,

Thank you so much for joining us on Friday and making the TELI Launch Conference such a success. We are looking forward to building on this momentum, so look forward to more events and updates soon! Please find the speaker slides and other conference materials attached.

Best wishes,

TELI Team

Trans Equality Legal Initiative

Email: admin@teli.org.uk<mailto:admin@teli.org.uk>

Twitter: @UKTELI<https://twitter.com/UKTELI>

Website: www.teli.org.uk<http://www.teli.org.uk>

Eventbrite Page: teli16.eventbrite.co.uk<https://teli16.eventbrite.co.uk>

From: Susie Green
To: [redacted]; Neil Mackin
Subject: RE: Meeting with Polly in London
Date: 30 January 2018 14:15:06
Attachments: image001.png

Perfect, thank you,
Susie

From: [redacted] [mailto:[redacted]@Tavi-Port.nhs.uk]
Sent: 30 January 2018 13:46
To: 'ceo@mermaidsuk.org.uk'; 'Neil Mackin'
Subject: RE: Meeting with Polly in London

Thanks Susie, that's great.
I have confirmed 2pm, Friday 9 March in Polly's diary.
With kind regards,
[redacted]

From: Susie Green [mailto:ceo@mermaidsuk.org.uk]
Sent: 30 January 2018 13:06
To: [redacted] <[redacted]@Tavi-Port.nhs.uk>; 'Neil Mackin' <neil@mermaidsuk.org.uk>
Subject: RE: Meeting with Polly in London

Dear [redacted]
I have spoken to Neil and 2pm on the 9th March is good for both of us, so can we confirm that date and time please?
Many thanks,
Susie
CEO
Mermaids UK
www.mermaidsuk.org.uk
Registered Charity Number 1160575
Helpline:
0344 334 0550
Mobile:
[redacted]
Suite 5, High Street House,
2 The High Street, Yeadon, Leeds, LS19 7PP
Please support the work we do by donating: https://mydonate.bt.com/Mermaids

---

From: [redacted] [mailto:[redacted]@Tavi-Port.nhs.uk]
Sent: 29 January 2018 14:20
To: ceo@mermaidsuk.org.uk; 'Neil Mackin'
Subject: Meeting with Polly in London

Dear Susie and Neil
I hope you are both well and had a nice weekend.
In relation to a face to face meeting with Polly in London, please find below some possible dates. Please let me know if any of these work for you and we can get a time agreed and the meeting confirmed in Polly's diary. I'm happy to send through some alternative dates if these aren't suitable, just let me know.
Wednesday 14 February – Polly has good availability in the afternoon.
Friday 2 March – Polly has good availability all day.
Wednesday 7 March – Polly has good availability all day.
Friday 9 March – Polly has good availability all day.
With kind regards,

[redacted]
Personal Assistant to Dr Polly Carmichael

My personal pronouns: they / them / their / theirs
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From: [redacted]
To: "GIDS Executive Team"; GIDS Senior Team
Subject: FW: Mermaids residential weekends
Date: 02 February 2018 09:42:44

Dear all
Please can you let me know if you would be interested and able to attend any of the below residential weekends (except the Scotland weekend)? It wouldn't need to be for the whole weekend, and would involve giving a talk for an hour or 90 minutes.
At this stage I am just looking to collate who is interested in what dates, so that it can be discussed at the next Seniors/Exec Meeting.
Many thanks
[redacted]

From: Susie Green [mailto:ceo@mermaidsuk.org.uk]
Sent: 05 January 2018 16:10
To: Polly Carmichael <PCarmichael@[redacted]; [redacted] <[redacted]@tavi-port.nhs.uk>
Cc: Sally Hodges <SHodges[redacted]
Subject: Mermaids residential weekends
Importance: High

Dear all,
I wanted to notify you in advance of the dates of our residential weekends in the hope that we can secure Tavistock representation at all. Would you be able to let me know if you can attend the dates below, so I can make sure that there is space secured in the agenda. If so, would an hour be best, or 90 minutes?

23rd to 25th March – Watford

18th to 20th May – North Yorkshire

13th to 15th July – Herefordshire

~~5th to 6th October – Scotland~~

Best wishes,
Susie
CEO
Mermaids UK
www.mermaidsuk.org.uk
Registered Charity Number 1160575
Helpline:
0344 334 0550
Mobile:
[redacted]
Suite 5, High Street House,
2 The High Street, Yeadon, Leeds, LS19 7PP
Please support the work we do by donating: https://mydonate.bt.com/Mermaids

---

From: [redacted]
To: GIDU
Subject: Mermaids AGM
Date: 01 May 2018 12:59:28
Attachments: image001.png

Hi Team,

[redacted] attended the Mermaids AGM in Manchester on Saturday 28th April. A quick summary is below:

It was attended by about 30-40 parents / allies and in the main we were made very welcome and it was certainly worth attending. Some of the main themes to emerge;

Neil Mackin – Chair of the Mermaids Trustees. Neil chaired the day and introduced the work that Mermaids have been doing over the past years;

- This was the first time I had met Neil and he seemed very level headed and was keen to make links with GIDS. His professional background is in Analytics and he is a director of Capita (from the Mermaids website) and seems very professional and capable. [redacted]

- [redacted] and I had a bit of a chat with him both before and after the event. He seemed to grasp that we have a difficult job both in terms of the growing demand for the service and with the clinical dilemmas that we face in working with families. That being said, there is still a mind-set towards early medical intervention but there was a real willingness to listen to points we were making about the complexity of the work. And he accepted the point when we highlighted the need to tease out "Waiting Times" and "Protocol" as separate issues when we discuss the length of time it takes young people to potentially access blockers (I'll come back to this point). Neil also raised some concerns about reviews written by GIDS staff in support of negative articles / books in relation to transgender youth and the wider transgender community.

[redacted] spoke for about half an hour about GIDS and what a family can expect when they come into the service. In the main this was well received, but we were asked some difficult questions from the floor and there were a few parents who were critical and frustrated. However, we didn't duck the difficult questions and when we disagreed with the point raised we tried to highlight the differences in thinking and the rationale behind some of the positions we held;

- We were asked if we Triage referrals in terms of gaining access to the service. There were two different points made from the audience. One was around risk. We explained that we assess risk at the intake stage and when required we ask for additional support from CAMHS and local services. We explained that as a national service, risk is best managed at a local level, even for those already in the service in assessment or treatment phase.

- The second point was in relation to whether we should be triaging access to the service based upon the age of young people coming into the service. She raised the issues of her [redacted]yr old. She said that that from the time of referral to potentially accessing blockers would take 18m plus. And that the damage would already be done by then. It was her view that priority should be given to young people approaching puberty, other than for example the under 10s or older teenagers. However, another parent of a six year old made the point that her child was as equally deserving of an appointment and didn't feel they should have to wait.

- We replied to her question by highlighting the needs to tease out the difference between "waiting time" and "protocol" in the 18 month time scale that she was referring to. We spoke about the huge increase in referrals over the time that we had worked in the service (from 450 to 2000+ per annum) and the strain this has put on the service. We stated the reality was that this was an issue of resources and capacity. To which there is not an easy answer nor likely to be

additional funding from NHS England. We spoke about waiting list initiatives such as the 17+ Group and the Barnardo's pilot scheme as ways of dealing with the waiting list. We also highlighted that while we have had many new staff join the service, there can be a time lag in how this impacts on the waiting list as new staff need to gain the clinical skills and knowledge to work in this specialist field.
- We then spoke a bit about the protocol and highlighted the complexity that often comes with this work (LAC, ASD, exploration around gender / different outcomes, not all parents are as supportive as Mermaids parents, DSH, Anxiety, medical route is not for all etc)
- I think most of the audience accepted the points we were making, however, one person strongly felt that given the waiting list and timescales to access blockers, then we should be allowing GPs to offer bridging prescriptions for hormone blockers.
- We spent a bit of time explaining that this wouldn't be appropriate clinically as not all young people will go down the medical route. And it would not be appropriate to support that level of intervention without a proper assessment being done first. I highlighted the fact that as clinicians we have a clinical responsibility to the children who come to see us who will turn out NOT to be Trans as well as those who are. And for this reason alone it just wouldn't be acceptable to think about medical interventions before a proper assessment has been done. We ran out of time at that juncture, but I think that most of the audience appreciated what we had to say and the fact that we tried to answer those difficult questions, even although there was a wide discrepancy between our position and theirs.
- We also had some very positive comments from the audience. There were parents in attendance who see both [redacted] and myself and they reiterated a message that many families have a positive experience of GIDS.
- The trustees and staff spoke about the work they have been doing over the past year. Some of the main points were as follows;

[redacted]
- Has been co-ordinating the volunteers and providing training to those who run the Mermaids Helpline. They had issues with the previous training as only 2 out of 15 people who took part in training went on to volunteer. This year, numbers retained within Mermaids have increased greatly due to more robust selection procedures and better training.

[redacted]
- Her professional background is in [redacted] She spoke a little bit about [redacted] She now works for Mermaids delivering training in schools / colleges / NHS depts. / industry. They have some Lottery Funding to deliver this training.
- She highlighted that several of the Mermaids staff and trustees have been targeted for online abuse by some Feminist Groups and other critical of their approach. And she has encountered this in person. And she highlighted a growing number of negative press stories about Mermaids, particularly from [redacted].
- Introduced a video that will be available on their website. Testimonials from young people and their families about how transition has helped in their lives.

[redacted] identifies as non-binary and prefers they/them pronouns. They were representing GIRES and said that now that [redacted] they are taking a little bit more of a back seat.
They spoke briefly about their new book on non-binary issues that will be published next month.
Suzie Green
- Gave an overview of the development of Mermaids. Some 200+ phone call per year 5 years ago to 2000+ this year. Suzie acknowledged that Mermaids have been impacted by the huge rise in

numbers in the same way that GIDS have.
- Funding has risen from £80,000 four years ago to £316,000 this year. This money has helped to employ 4 members of staf, soon to be 5. And allowed for the expansion of the helpline and outreach work that they do in schools.
- Became a Charitable Incorporated Organisation in 2016 to help manage growth
- New financial officer has started in the past month.
- Spoke about the continued alliance with groups like GIRES and GI. And the wish for closer links with GIDS.
- New BBC Drama out this year called “Butterfly”. It is a 3 part series about a family coming to Mermaids for support. It stars Anna Friel.
- Suzie talked about being harassed on social media by [redacted]
- Suzie is attending WPATH in Buenos Aries.
- Suzie was still pretty much in advocacy mode. “We are going to change the world!” was her closing point.

Finally [redacted] won the raffle and chose [redacted]!

[redacted]
Highly Specialist Clinical Psychologist
[redacted]

GIDS
Gender Identity Development Service

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www.gids.nhs.uk | www.tavistockandportman.nhs.uk

From: [redacted]
To: GIDS Leeds Team
Subject: FW: Mermaids AGM
Date: 04 April 2018 15:51:36
Attachments: image002.png
Importance: High

Hi each
See below message from Susie Green at mermaids inviting us to attend their AGM. I'm [redacted] that weekend so can't make it. Is anyone interested in attending – I think it'll actually give a good insight to the work they do and how they have changed over the last year. I'm not aware of the potential joint project but am aware they are keen to work more closely with us. You can book tickets below.
Also, would anyone be interested in giving a brief talk about the service?
Best wishes

[redacted]
Consultant Clinical Psychologist & GIDS Leeds Manager

The Tavistock and Portman
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www.gids.nhs.uk | www.tavistockandportman.nhs.uk

From: Susie Green [mailto:ceo@mermaidsuk.org.uk]
Sent: 04 April 2018 15:46
To: Polly Carmichael <PCarmichael@tavi-port.nhs.uk>; [redacted]@tavi-port.nhs.uk>
Subject: Mermaids AGM
Importance: High
Dear Polly and [redacted]
Thanks to Barclays giving us suitable space, Mermaids AGM is now planned for the 28th April 2018 in Manchester, see link below. As we work with many families in common, we are extending an invitation to you to come along on the day and meet our staff, trustees, parents, young people and volunteers. Obviously, some you will have met before as they are past and current service users of the Tavistock.
We will have guest speakers and you will get to hear from staff and volunteers about our journey over the last year as well as our successes and plans for the coming year. It would be great to see the Tavistock represented on the day if possible? If there was a possibility of someone giving a short talk about the service and how we are looking at a joint project, perhaps based around bullying in school, that would be great but I appreciate is unlikely due to the late notice.
Please feel free to share this email with any team member that you feel may like to attend and use the link below to book tickets.
https://www.eventbrite.co.uk/e/mermaids-agm-2018-tickets-44788477542
Kind Regards

Susie
CEO
Mermaids UK
www.mermaidsuk.org.uk
Registered Charity Number 1160575
Helpline:
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Mobile:
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Freedom of Information Act 2000
Richard Stephens
ICO Case Reference Number: IC-163464-L9K4
T&P Case Reference 21-22-86/3 Docs re Susie Green, Mermaids.

Response to Request and to ICO Decision Notice issued 31/03/23

Section 2 of 3

Replies by Trust staff to these emails [Replies to all emails sent to the Trust by Susie Green of Mermaids UK in 2014, 2015, 2016, 2017]

(Note that due to the nature of email trails, there is inevitably some duplication and interchangeability between this and the previous section.)

From: SUSAN GREEN
To: Polly Carmichael
Cc: mermaidscommittee
Subject: Re: Mermaids spring residential in Bushey
Date: 23 April 2014 13:14:48

Hi Polly,
we can keep the slot available. We have a laptop and projector, so a presentation to parents on the history of the clinic, with details on the current pathway for both those that fall into the early intervention program, plus those that are older and therefore don't.
It would be good to have more information about the current protocol, and how that applies, plus an idea of numbers and how they are increasing.
Is that ok?
Susie

On 15/04/2014, Polly Carmichael <PCarmichael@tavi-port.nhs.uk> wrote:
> Dear Susie
>
> Apologies I have not responded to your email before. It has been difficult
> finding someone able to attend.
> I am away in the south west for clinics from Wednesday 23rd April and in
> Cornwall on an outreach on Friday 25th .
> [redacted] is looking to see if she can attend if you still have a slot and it
> would be useful.
>
> Started writing this earlier today and now have your more recent email! -
>
> So I will check with [redacted] and get back to you asap.
> It would be helpful to know what you think would be helpful from us and what
> the format will be.
> Best wishes
> Polly
>
>
> From: Susie Green [mailto:susieg100@[redacted]m]
> Sent: Monday, March 17, 2014 8:21 AM
> To: Polly Carmichael
> Cc: mermaidscommittee@yahoogroups.com
> Subject: Mermaids spring residential in Bushey
>
> Hi Polly,
> thank you for your help regarding [redacted], I will be emailing the first
> referral from me later today after I have scanned it in, then I will be
> [redacted] so hopefully they will refer shortly after that.
> We are holding our Spring residential in Bushey again at the end of April,
> and I wondered if you and/or any other members of your team would be able to
> make it for the Saturday? The dates are the Friday 25th to the Sunday 27th,
> but the Sunday is really just a clear up day.
> Best Wishes
> Susie
>
> ---
> The contents of this e-mail message and any attachments are confidential and
> are intended for the sole use of the addressee. Information contained in
> this message may be subject to professional, legal, or other privileges and
> may be legally protected.
>

From: Susie Green
To: [redacted]
Cc: Polly Carmichael; [redacted]
Subject: RE: Mermaids AGM
Date: 03 November 2014 12:47:59

Dear [redacted]
You will be missed, as the driving force behind the origins of Mermaids it is always lovely to see you. I am hoping that Polly and/or [redacted] will be able to attend, or any other members of the team, but this may not be possible. I have invited them, but will cc this to them just in case it ended up in their spam!
Best wishes
Susie

-----Original Message-----
From: [redacted] [mailto [redacted] @tavi-port.nhs.uk]
Sent: 29 October 2014 22:04
To: Susie Green
Subject: RE: Mermaids AGM

Dear Susie,
Thank you very much for letting me know about Mermaids AGM. I am currently in [redacted] and I will return to London at the end of November.
I regret a lot that I will not be able to be present at this important AGM, but I hope that some members of the GIDS team will be able to be there.
Please give my best wishes to Mermaids members at the meeting.
Warm regards to you and family
[redacted]

_____
From: Susie Green [susieg100@[redacted]m]
Sent: 28 October 2014 14:38
To: [redacted]
Subject: Mermaids AGM

Hi there, information on the Mermaids AGM, I hope that you can make it, let me know, Thanks Susie

Mermaids AGM – Saturday the 15th November

Time: 1pm until 6pm

Location: Manchester - Please email back for the full address on chair@mermaidsuk.org.uk<mailto:chair@mermaidsuk.org.uk>

This AGM is of particular importance due to the fact that we have some MAJOR changes to discuss, and we need members votes to allow us to move forward. I will give more of an overview of where we are and why we have decided these changes need to happen, plus a brief summary is on the Agenda (enclosed).

Details we need:

Names and ages of those attending:

If you can bring food, can you please let us know what you will be bringing?

Do you need help with travel expenses?

Do you have an agenda item you would like to add?

Or you can telephone or text me with your attendance details, on [redacted]

Whichever way you choose to communicate your response, please try to respond by 10th November, at the very latest. This gives us an idea of how many people will be coming. But if you really can't, don't worry - let us know later, or just turn up on the day.

POT LUCK MEAL - We bring all our own refreshments. Tea/coffee/milk/sugar/squash/ cheese/French bread, paper plates and plastic cups /cutlery will be provided by the committee, and you can either bring your own food and drink, or give a contribution towards a pot luck supper (this could be savoury dishes, salads, desserts, etc.) If you are bringing food, there will not be the facility to warm it up, so cold dishes please!

Please let me know by email, what you would like to bring. (If you are unable to bring any food, don't worry, there's usually plenty!)

GUESTS - If you would like to bring family or a close friend along then please do so, but please let me know the number of people who will be coming with you.

DRESS - Dress style is optional, especially for the young people. You can always change here if you feel it appropriate.

COST - There will be a voluntary donation of approx. £2.00 per adult person towards the cost of hiring the rooms. Should anyone who wishes to attend be prevented from doing so by the cost of travelling expenses, we can help. Please let us know well in advance. We really do hope that as many people as possible will be able to attend this important event in our calendar, especially this time as we have MAJOR CHANGES to discuss!

CHILDREN – parents are expected to take responsibility for their children at all times, and keep an eye on them, especially with respect to the other areas of the venue – E.G. hide and seek using doorways to other areas of the venue, and the outside, will not be allowed.

Please also let me know at least a week before the event if there is any item you would like to have added to the Agenda. There will be a formal meeting at approximately 3pm to elect officers and committee, to receive the Treasurer's report, and to deal with any other formal business (agenda attached). There may also be a short talk, and/or a discussion on a relevant topic and/or another chance to see/hear one of our Media forays.

With all good wishes and very much looking forward to seeing you on the 15th November

Susie
Chair, Mermaids.

From: Susie Green
To: Terry2reed@[redacted]
Cc: [redacted]; Polly Carmichael; [redacted]
Subject: RE: Parliamentary Forum inclusion of Intersex - please respond
Date: 11 November 2015 19:44:38

Me too, agreed.
Susie

From: [redacted]]
Sent: 11 November 2015 18:37
To: terry2reed@[redacted]
Cc: [redacted]@tavi-port.nhs.uk; [redacted] pcarmichael@tavi-port.nhs.uk; [redacted] susieg100@virginmedia.com; [redacted]
Subject: Re: Parliamentary Forum inclusion of Intersex - please respond

Absolutely. Support 100%
[redacted]

Sent from my iPhone

On 11 Nov 2015, at 18:27, terry2reed@[redacted] wrote:

> Dear colleagues,
>
> With the blessing of our Chair, Baroness Barker, I am sending the following message.
>
> The recent case, where Tara Hudson, a trans woman, was imprisoned in a men's prison, prompted IntersexUK to contact GIRES about ways of working together, especially as [redacted] (co-founder of IntersexUk) could see that intersex people could also be caught in the same trap. We have common cause on many more matters than just this. We are all also aware that in the equality field the acronyms are becoming ever longer, and LGBT is now frequently extended to LGBTI, and sometimes Q. Barriers between the communities are giving way to a more unified approach to lobbying and campaigning. It seems timely to invite intersex UK to join Parliamentary Forum as a group, to work together with all members.
>
> Please respond promptly, and in any event within two weeks.

Kind regards
Terry

-----Original Message-----
From: [redacted]>
To: [redacted]>
CC: [redacted]@tavi-port.nhs.uk>; [redacted]
Polly Carmichael <pcarmichael@[redacted] Susie Green (Mermaids) <susieg100[redacted]
Sent: Wed, 28 Oct 2015 11:25
Subject: Trams woman sentenced to male prison

Hi

Just wondered if others had picked up on the Change.org petition as below? Seems a rather concerning anachronism.

"My [redacted], has recently been sentenced to [redacted] months in prison. [redacted] transgender and has lived her whole adult life as a [redacted]. Despite this she has been told by [redacted] Magistrates that she will serve her sentence in an all male prison.

The Magistrates have said that because [redacted] is legally identified as [redacted] (on [redacted] passport), they can't place [redacted] in a [redacted] prison. I know that transgender [redacted] are at high risk of abuse in [redacted] prisons and don't want my [redacted] to suffer because of bureaucracy. **That is why I am campaigning for the courts to be humane about this and place my [redacted] in an all [redacted] prison, where she belongs.**

Currently people are assigned to prisons based on their legal status. But there are so many loopholes that trans people have to jump through to get their gender status changed legally. Yes [redacted]'s passport says that [redacted] is [redacted], but [redacted] has undergone 6 years of reconstructive surgery and anyone that has met her will tell you that she is a [redacted] -- **even her doctor has declared that she is "medically" a [redacted].**

In an era of unprecedented victories for LGBT rights, people like my [redacted] are still paying a high price at the hands of an outdated judicial system. **Setting a precedent with [redacted] would be a huge step forward for future transgender people and help change the system.**

[redacted]'s transition hasn't been easy, [redacted] has been abused a lot and suffered from depression as a result. I can't bare the thought of [redacted] suffering more and I don't want to see [redacted] mental health deteriorated.

Please join me in signing this petition and getting my [redacted] where [redacted] belongs.

Thank you,

[redacted]

[redacted]

(iPhone message)

On 25 Oct 2015, at 11:43, [redacted] > wrote:

> Dear all
>
> Please find attached the minutes from the meeting we had a couple of weeks ago.
>
> The next meeting will be at 4pm, Wednesday 16 December, in Fielden House.
>
> Thanks
>
> [redacted]
>
> <Notes from Meeting of Parliamentary Forum on Gender Identity - 13 October 2015.pdf>

From: Polly Carmichael
To: ceo@mermaidsuk.org.uk; Gender Identity Development Service
Cc: [redacted]; mermaidscommittee@groups.io; [redacted]
Subject: RE: Referral for [redacted]
Date: 08 September 2016 08:01:16

Dear Susie

Thank you for your email. We do accept referrals from third sector groups and I know that you have helpfully sent in referrals in the past. This continues to be the case. Third sector groups often play a vital role in supporting young people and their families and we greatly value their involvement.

When we receive referrals which clearly identify risk, we look to see if there is a plan in place to manage this. If this information is not in the referral we seek clarification from the referrer as part of the intake process. If there is no plan in place to ensure the safety of a young person one outcome is a concurrent referral to CAMHS by the GP. In other cases the GP knows the young person and their family well and confirms that they are managing any risk locally. We are of course happy to contact the GP to facilitate a local plan to support a young person, but we contact the referrer in the first instance to ensure that young people and their families who have been referred are aware of this and happy for us to contact the GP. The safety of young people is paramount and engaging the local network is an important part of ensuring this.

Please be assured that this is not about where or from whom the referral has come from, but is about ensuring the safety of young people where risk has been identified. It would be most helpful if you could check with the family that they are happy for us to contact the GP, alternatively we are very happy to contact the family directly to get more information and agree a plan. It would be helpful if you could reassure the family that the process of getting more information at the time of referral is not about rejecting the referral and that this process does not delay the referral. The waiting list is based on the date of referrals not on when the referral is put on the waiting list.

If it would be helpful to discuss this please do let me know. I appreciate how important it is for families to feel confident that they will receive help and that Mermaids play an important role in reassuring families that this is the case. I am sorry if there has been confusion around this but very grateful that you have emailed so that we can rectify this. I will meet with the intake team and intake co-ordinator to address the points you raise and improve communication about the intake process as necessary.

Best wishes
Polly

From: Susie Green [susieg100[redacted]] On Behalf Of ceo@mermaidsuk.org.uk [ceo@mermaidsuk.org.uk]
Sent: 02 September 2016 11:33
To: Gender Identity Development Service; Polly Carmichael
Cc: [redacted]; mermaidscommittee@groups.io; [redacted]
Subject: Referral for [redacted]

Dear Polly,
I have enclosed an amended referral form for [redacted] following a telephone conversation with a member of your admin staff yesterday. The original form I sent in appears to have been rejected due to the fact that I asked the parent to fill in the form with the family history (something that we often tell parents to do prior to visiting their GP), therefore it appeared as a self-referral despite the fact that I clearly put the details at the top of the form as being a referral from myself.
Your admin person told me the referral was rejected due to that fact, and that the referral was not validated or risk assessed by a professional. I know you accept referrals from other agencies such as schools, social services and CAMHS and GP's, and I know that you prefer CAMHS involvement, but I can only assume from this statement that I am not seen as a professional? I am now very confused, as my understanding was that your service would accept referrals from Mermaids, but this statement appears to suggest the opposite. I was also told that the GP must do a risk assessment and must support the young person during the wait. I find this quite

confusing also as the majority of GP's [redacted] about gender dysphoria in children, and many can actually be [redacted].
Which in this case is why Mermaids made the referral for this young person, on request of the family, due to the GP [redacted]

[redacted].
If you do NOT accept referrals from Mermaids due to the fact that I am not a professional I would like to know the reasoning behind this? Referral by a non-healthcare professional is acceptable from schools, social services etc, and my understanding has been that Mermaids referrals were accepted.
Your admin person made it clear that immediate action was needed or this referral would be refused, so can I ask for a level of urgency to be applied to dealing with this issue? The Mother is very distressed by the implication that she may not be able to access Tavistock help for her child.
Best wishes,
Susie

CEO
Mermaids UK
www.mermaidsuk.org.uk
Registered Charity Number 1160575

Helpline:
0844 334 0550 (landline)*
0344 334 0550 (mobile)

BM Mermaids
London
WC1N 3XX

*Calls to 0844 numbers are charged at 7ppm, plus the charge from your call provider.

From:	Susie Green
To:	Sally Hodges; Polly Carmichael; [redacted]; Paul Burstow; Gires Charity
Cc:	[redacted]; [redacted]
Subject:	Request to give feedback from a parent
Date:	01 December 2016 15:18:28
Attachments:	Feedback to [redacted].docx
Importance:	High

Dear all,
A parent has written to Mermaids to ask us to facilitate with some feedback for the Tavistock, both on the care their child received and the website (which is below). They agreed that their information could be shared, as was requested by [redacted] at our last meeting, to ensure that concerns could be addressed on an individual basis.
Some of the concerns are ones that have been raised in meetings before and during discussions around current practice, such as the inability to complain due to fear of repercussions around treatment, and the blocking regime used. It was interesting to learn that Scotland do not insist on blocking medication at all if a young person is approaching 16, but instead progress to cross sex hormones immediately at 16 instead, only adding blockers if additional suppression is needed. Parents responded to this message at our Saturday event in Edinburgh with much enthusiasm.
This email is a demonstration of how the current systems worked for this family in particular, but which are echoed by many on the boards. Unfortunately many are unwilling to complain as their children are still within the service and therefore are worried about their care being compromised. I have, as discussed with [redacted] at our last meeting emphasised that this is not the case, and that concerns need to be raised in a proactive and collaborative manner to enable issues to be resolved but most are still reluctant. I will keep trying to persuade parents to be more open about the issues they face.
The family are no longer engaged with you, which is why she felt able to speak out, it would be good to have feedback sent to Mermaids and to the family. They have also asked me to send this on to the Equality and Human Rights Commission for their consideration, so I have cc'd [redacted] into this email for her viewpoint and any comments or actions she can advise.
Many thanks,
Susie
CEO
Mermaids UK
www.mermaidsuk.org.uk
Registered Charity Number 1160575
Helpline:
0844 334 0550 (landline)*
[redacted]
BM Mermaids
London
WC1N 3XX
*Calls to 0844 numbers are charged at 7ppm, plus the charge from your call provider.

I would like to try to engage with the Tavi about their website - I kind of feel like I ought to because others whose kids are still working with them may not feel able to do it, in case it impacts on their children.
The main thing I would like to see on the site is a bit explaining the whole 'landscape'. I think it's incredibly disingenuous of them to act like they are not aware of how contentious

their philosophy is. I think that they ought to include a bit which outlines some of the main schools of thought - gender affirmative, 'watch and wait', even TERFs - and indicates where they fit on that spectrum.
I would also like to see some awareness on there that the research they are quoting is contested. They can't possibly be unaware of that.
Finally I would like to urge them to add Mermaids as a link on there. The Tavi are no use at all (nor would they claim to be) when it comes to things like where to buy a binder, how to tuck, where can you get electrolysis done etc - and Mermaids is the only place to get emotional support so far as I'm concerned.

From: Susie Green
To: [redacted]
Subject: RE: Referral from Mermaids
Date: 30 December 2016 11:52:19
Attachments: image001.png

Thanks [redacted], Happy New Year,
Susie

From: [redacted]@tavi-port.nhs.uk]
Sent: 30 December 2016 11:19
To: 'segreen100@[redacted]'
Subject: FW: Referral from Mermaids

Hi Susie,

I can confirm [redacted] referral was received and passed on to our intake team – please see below.

Best wishes for the New Year,

[redacted]
London Admin Lead

GIDS
Gender Identity Development Service

The Tavistock and Portman
NHS Foundation Trust
Tavistock Centre
120 Belsize Lane
London NW3 5BA
www.gids.nhs.uk | www.tavistockandportman.nhs.uk

From: Gender Identity Development Service
Sent: 20 December 2016 12:31
To: 'Susie Green'
Subject: RE: Referral from Mermaids

Thanks Susie, I will pass on to our intake team.

Kind regards,

[redacted]
London Admin Lead

GIDS
Gender Identity Development Service

The Tavistock and Portman
NHS Foundation Trust
Tavistock Centre
120 Belsize Lane
London NW3 5BA
www.gids.nhs.uk | www.tavistockandportman.nhs.uk

From: Susie Green [mailto:susieg100@[redacted]
Sent: 20 December 2016 12:02
To: Gender Identity Development Service
Subject: RE: Referral from Mermaids

Hi [redacted]

Of course, can you confirm receipt so I know it got there?

Thanks

Susie

CEO

Mermaids UK

www.mermaidsuk.org.uk

Registered Charity Number 1160575

Helpline:

0844 334 0550 (landline)*

0344 334 0550 (mobile)

Suite 5, High Street House,

2 The High Street, Yeadon, Leeds, LS19 7PP

*Calls to 0844 numbers are charged at 7ppm, plus the charge from your call provider.

From: Gender Identity Development Service [mailto:gids@Tavi-Port.nhs.uk]
Sent: 20 December 2016 11:17
To: 'ceo@mermaidsuk.org.uk'
Subject: RE: Referral from Mermaids

Sorry Susie, I'm afraid I can't see the attachment. Would you be able to send again, please?

Thank you

Kind regards,

[redacted]

London Admin Lead

GIDS
Gender Identity
Development Service

The Tavistock and Portman
NHS Foundation Trust
Tavistock Centre
120 Belsize Lane
London NW3 5BA
www.gids.nhs.uk | www.tavistockandportman.nhs.uk

From: Susie Green [mailto:susieg100@[redacted] **On Behalf Of** ceo@mermaidsuk.org.uk
Sent: 18 December 2016 07:30
To: Gender Identity Development Service
Cc: [redacted]
Subject: Referral from Mermaids

Please find enclosed a referral to the service for a family who are unsupported by their GP.

Best wishes,

Susie

CEO

Mermaids UK

From: susieg100[redacted]
To: Sally Hodges
Subject: New email address
Date: 05 January 2017 08:41:14

Please make a note that this email address will not work after 30 days. Please change contact information to [redacted] for non Mermaids emails, and ceo@mermaidsuk.org.uk for Mermaids related email.
Thanks
Susie

From: Gender Identity Development Service
To: [redacted] ; [redacted]
Subject: FW: [redacted]
Date: 11 January 2017 17:49:05
Attachments: [redacted].doc

From: Susie Green [mailto:segreen1[redacted]
Sent: 11 January 2017 16:47
To: Gender Identity Development Service
Cc: [redacted]@virginmedia.com
Subject: [redacted]

Hi,

Please find enclosed a referral for [redacted],

Best wishes,

Susie
CEO
Mermaids UK
www.mermaidsuk.org.uk
Registered Charity Number 1160575
Helpline:
0844 334 0550 (landline)*
0344 334 0550 (mobile)
Suite 5, High Street House,
2 The High Street, Yeadon, Leeds, LS19 7PP
*Calls to 0844 numbers are charged at 7ppm, plus the charge from your call provider.

From: Gender Identity Development Service
To: [redacted]
Cc: [redacted]
Subject: FW: URGENT: Referral error - [redacted])
Date: 16 March 2017 12:22:15
Attachments: Referral to the service.msg

From: segreen100@[redacted]
Sent: 16 March 2017 07:35
To: Gender Identity Development Service
Cc: [redacted]
Subject: FW: URGENT: Referral error - [redacted]

Regarding the referral query below I can confirm that I sent the referral to you on the 18th October, email enclosed with relevant documentation.
Best wishes,
Susie

From: [redacted]
Sent: 15 March 2017 22:45
To: gids@tavi-port.nhs.uk
Cc: ceo@mermaidsuk.org.uk
Subject: URGENT: Referral error - [redacted]

Dear Sirs
Re : Referral to service for [redacted]

[redacted]

[redacted] is anxiously awaiting an appointment at your clinic and as his [redacted]

I shall look forward to hearing from you, in particular in relation to the [redacted] that you propose, to [redacted] process for [redacted] and to ensure that he is not prejudiced or his assessment and treatment delayed by [redacted] on the part of NHS medical practitioners.
With thanks, in advance of your careful consideration.

Yours sincerely,

[redacted]

From: Susie [redacted]
[redacted]
Subject: RE: Referral from Mermaids
Date: 30 December 2016 11:52:19
Attachments: image001.png

Thanks [redacted], Happy New Year,
Susie

From: [redacted] [mailto:[redacted]k]
Sent: 30 December 2016 11:19
To: 'segreen100[redacted]
Subject: FW: Re erra rom Mermaids
Hi Susie,
I can confirm [redacted] referral was received and passed on to our intake team – please see below.
Best wishes for the New Year,
[redacted]
London Admin Lead

The Tavistock and Portman
NHS Foundation Trust
Tavistock Centre
120 Belsize Lane
London NW3 5BA
Tel: +44 (0)20[redacted]
Fax: +44 (0)20[redacted]
www.gids.nhs.uk | www.tavistockandportman.nhs.uk

From: Gender Identity Development Service
Sent: 20 December 2016 12:31
To: 'Susie Green'
Subject: RE: Referral from Mermaids
Thanks Susie, I will pass on to our intake team.
Kind regards,
[redacted]
London Admin Lead

The Tavistock and Portman
NHS Foundation Trust
Tavistock Centre
120 Belsize Lane
London NW3 5BA
Tel: +44 (0)20[redacted]
[redacted]
www.gids.nhs.uk | www.tavistockandportman.nhs.uk

From: Susie Green [mailto:susieg100[redacted]
Sent: 20 December 2016 12:02
To: Gender Identity Development Service
Subject: RE: Referral from Mermaids

Hi [redacted]

Of course, can you confirm receipt so I know it got there?

Thanks

Susie

CEO

Mermaids UK

www.mermaidsuk.org.uk

Registered Charity Number 1160575

Helpline:

0844 334 0550 (landline)*

[redacted] (mobile)

Suite 5, High Street House,

2 The High Street, Yeadon, Leeds, LS19 7PP

*Calls to 0844 numbers are charged at 7ppm, plus the charge from your call provider.

From: Gender Identity Development Service [mailto:gids@Tavi-Port.nhs.uk]
Sent: 20 December 2016 11:17
To: 'ceo@mermaidsuk.org.uk'
Subject: RE: Referral from Mermaids

Sorry Susie, I'm afraid I can't see the attachment. Would you be able to send again, please?

Thank you

Kind regards,

[redacted]

London Admin Lead

The Tavistock and Portman
NHS Foundation Trust
Tavistock Centre
120 Belsize Lane
London NW3 5BA
Tel: +44 (0)20[redacted]
Fax: +44 (0)20[redacted]
www.gids.nhs.uk | www.tavistockandportman.nhs.uk

From: Susie Green [mailto:susieg10[redacted] **On Behalf Of** ceo@mermaidsuk.org.uk
Sent: 18 December 2016 07:30
To: Gender Identity Development Service
Cc: [redacted]
Subject: Referral from Mermaids

Please find enclosed a referral to the service for a family who are unsupported by their GP.

Best wishes,

Susie

CEO

Mermaids UK

From: segreen100[redacted]
Sent: 09 June 2017 14:43
To: '[redacted]'; [redacted]
Subject: RE: message for [redacted]

Hi [redacted]
I am putting you in touch with one another as requested by [redacted] regarding the latest communication between [redacted] and the service. I will now leave you two to liaise!
Best wishes to both,
Susie

CEO
Mermaids UK
www.mermaidsuk.org.uk
Registered Charity Number 1160575

Helpline:
0344 334 0550

Suite 5, High Street House,
2 The High Street, Yeadon, Leeds, LS19 7PP

Please support the work we do by donating: https://mydonate.bt.com/Mermaids

From: [redacted] [mailto:[redacted]]
Sent: 08 June 2017 17:11
To: ceo@mermaidsuk.org.uk
Subject: FW: message for [redacted]

Hi Susie.
Do you have the email for the lady at the tavi in Leeds.
Please see the reply below from our tavi consultant . [redacted] was promised an early summer appointment to be prescribed hormones and now th[redacted]
I know this I wrong but other families might be put o[redacted]

Regards [redacted]

Sent from my Windows Phone

Dear [redacted]

[redacted]

Best wishes,

[redacted]

[redacted]
Highly Specialist Child and Adolescent Psychotherapist
Gender Identity Development Service
www.gids.nhs.uk

From: Susie Green
To: Sally Hodges; Polly Carmichael
Cc: [redacted]; Neil Mackin
Subject: RE: Mermaids
Date: 23 January 2018 13:10:50

Dear Polly, [redacted]
Happy New Year to you and all your team, I can hardly believe it is nearly February!
I am in London all the time, so am happy to work around your availability as I can schedule in meetings around possible dates that you can make. We would be delighted to look at working with you on the NIHR application and delivery, it sounds really interesting. And for information, I have widely circulated your clarification to the Times article, so parents are aware of the bias. Having being the subject of their attention ourselves, we know how upsetting it is to have the facts skewed and misrepresented.
I look forward to hearing from [redacted] so that Neil and I can arrange a date, and I am attending the conference next week so will hopefully see you there,
Best wishes,
Susie

CEO
Mermaids UK
www.mermaidsuk.org.uk
Registered Charity Number 1160575

Helpline:
0344 334 0550

Suite 5, High Street House,
2 The High Street, Yeadon, Leeds, LS19 7PP

Please support the work we do by donating: https://mydonate.bt.com/Mermaids

---

From: Polly Carmichael [mailto:PCarmichael[redacted]]
Sent: 23 January 2018 12:50
To: ceo@mermaidsuk.org.uk; Sally Hodges
Cc: Neil Mackin; [redacted]
Subject: RE: Mermaids

Dear Susie

Happy New Year to you and all at Mermaids.
Thanks so much for your email. It would be great to have a catch up and to meet Neil.

I don't know if you are ever in London or if you would prefer to try and meet in Leeds. I go and visit Leeds but am unlikely to be there before the end of April.
I am copying in [redacted] my PA as it is probably easiest if she co-ordinates a meeting.

On another note we are in the process of submitting an application to NIHR to follow younger

service users. It would be great if Mermaids would be involved. Is this something Mermaids would be interested in, we would be very grateful for your perspective as you supporting so many families and so will know the questions they have.

Look forward to seeing you in person.
Best
Polly

Dr Polly Carmichael
Director Gender Identity Development Service
Consultant Clinical Psychologist
Gender Identity Development Service
The Tavistock and Portman
NHS Foundation Trust
Tavistock Centre
120 Belsize Lane
London NW3 5BA
Tel: +44 (0)20[redacted]
[redacted]**nhs.uk**
Tel: 0208 [redacted]
[redacted]**@tavi-port.nhs.uk**

From: Susie Green [mailto:ceo@mermaidsuk.org.uk]
Sent: 22 January 2018 19:47
To: Polly Carmichael <PCarmichael@[redacted]; Sally Hodges <SHodges@[redacted]>
Cc: Neil Mackin <neil@[redacted]
Subject: Mermaids
Importance: High

Hi Polly,
I wondered whether it would be possible to arrange for us to have a chat sometime soon? Face to face would be better if possible, and if possible, Neil Mackin, trustee and current Chair will attend. Caroline is still a trustee but has stepped down from being Chair.
If you could get back to me with some dates and times that would be very much appreciated. I am aware that we have not spoken in person for some time, and would like the opportunity to discuss a number of issues,
Best wishes,
Susie

CEO
Mermaids UK
www.mermaidsuk.org.uk
Registered Charity Number 1160575

Helpline:
0344 334 0550

Mobile:
[redacted]

Suite 5, High Street House,
2 The High Street, Yeadon, Leeds, LS19 7PP

Please support the work we do by donating: https://mydonate.bt.com/Mermaids

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From: [redacted]
To: GIDS Leeds Team
Subject: FW: Mermaids AGM
Date: 04 April 2018 15:51:36
Attachments: image002.png
Importance: High

Hi each
See below message from Susie Green at mermaids inviting us to attend their AGM. I'm away [redacted] so can't make it. Is anyone interested in attending – I think it'll actually give a good insight to the work they do and how they have changed over the last year. I'm not aware of the potential joint project but am aware they are keen to work more closely with us. You can book tickets below.
Also, would anyone be interested in giving a brief talk about the service?
Best wishes

[redacted]

GIDS
Gender Identity Development Service

The Tavistock and Portman
NHS Foundation Trust
Tavistock Leeds Base
8 Park Square East
Leeds LS1 2LH
Tel: +44 (0)113 [redacted]
www.gids.nhs.uk | www.tavistockandportman.nhs.uk

From: Susie Green [mailto:ceo@mermaidsuk.org.uk]
Sent: 04 April 2018 15:46
To: Polly Carmichael <PCarmichael@[redacted]>; [redacted]>
Subject: Mermaids AGM
Importance: High
Dear Polly and [redacted],
Thanks to Barclays giving us suitable space, Mermaids AGM is now planned for the 28th April 2018 in Manchester, see link below. As we work with many families in common, we are extending an invitation to you to come along on the day and meet our staff, trustees, parents, young people and volunteers. Obviously, some you will have met before as they are past and current service users of the Tavistock.
We will have guest speakers and you will get to hear from staff and volunteers about our journey over the last year as well as our successes and plans for the coming year. It would be great to see the Tavistock represented on the day if possible? If there was a possibility of someone giving a short talk about the service and how we are looking at a joint project, perhaps based around bullying in school, that would be great but I appreciate is unlikely due to the late notice.
Please feel free to share this email with any team member that you feel may like to attend and use the link below to book tickets.
https://www.eventbrite.co.uk/e/mermaids-agm-2018-tickets-44788477542
Kind Regards

Susie
CEO
Mermaids UK
www.mermaidsuk.org.uk
Registered Charity Number 1160575
Helpline:
0344 334 0550
Mobile:
[redacted]
Suite 5, High Street House,
2 The High Street, Yeadon, Leeds, LS19 7PP
Please support the work we do by donating: https://mydonate.bt.com/Mermaids

From: Susie Green on behalf of chair@mermaidsuk.org.uk
To: Polly Carmichael
Subject: Family in need
Date: 22 October 2014 23:20:14
Attachments: [redacted].docx
CV of [redacted].docm
Importance: High

Hi Polly,

I could really do with some assistance in a case involving a parent [redacted]. [redacted] My mobile is [redacted]

Thank you

Susie

From: Susie Green
To: [redacted]
Cc: [redacted]; Paul Jenkins; [redacted]
Subject: RE: OFFICIAL SENSITIVE: Application to Cross Disciplinary Mental Health Network + call
Date: 29 May 2018 21:57:53

For Mermaids, a successful project will see identification of youth led and sustainable initiatives to understand and reduce the high rates of suicide attempts and self-harm for transgender young people

Susie
CEO
Mermaids UK
www.mermaidsuk.org.uk
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0344 334 0550
Suite 5, High Street House,
2 The High Street, Yeadon, Leeds, LS19 7PP
Please support the work we do by donating: https://mydonate.bt.com/Mermaids

---

From: [redacted] <[redacted]>
Sent: 29 May 2018 09:03
To: [redacted]
Cc: [redacted]; PJenkins@[redacted]; ceo@mermaidsuk.org.uk; [redacted]
Subject: Re: OFFICIAL SENSITIVE: Application to Cross Disciplinary Mental Health Network + call

This is great! Thanks [redacted]

From: [redacted] <[redacted]>
Date: Monday, 28 May 2018 at 18:36
To: [redacted] <[redacted]>
Cc: [redacted] "PJenkins@[redacted] "ceo@mermaidsuk.org.uk" <ceo@mermaidsuk.org.uk>, [redacted]

<[redacted]>

Subject: ?spam? Re: OFFICIAL SENSITIVE: Application to Cross Disciplinary Mental Health Network + call

Hi [redacted],

From an outcomes perspective:

"For [redacted], this project will be successful if we co-create with young people, a Universal, Targeted and Crisis Mental Health offer which is focussed on prevention, recovery and sustainment."

Kind Regards

[redacted]

Sent from my iPad

On 28 May 2018, at 18:19, [redacted] <[redacted]> wrote:

> Many thanks to those who have sent me quotes and graphics for our interview next week.
> I'd still be grateful for others if you can send over – quotes as to what you as partners would like from the network at the end of the project would be great. Be great to have these from our third sector partners as well as the NHS Trusts (FTB, T&P), and Orygen (would that be possible [redacted]?)
> Yours,
> [redacted]
>
> **From:** [redacted]>
> **Date:** Tuesday, 22 May 2018 at 15:52
> **To:** "[redacted]>, [redacted]
> [redacted]
> [redacted] "PJenkins@Tavi[redacted]

[redacted]
"ceo@mermaidsuk.org.uk" <ceo@mermaidsuk.org.uk>, [redacted]
Cc: "[redacted])"
Subject: Re: OFFICIAL SENSITIVE: Application to Cross Disciplinary Mental Health Network + call

Dear colleagues

We had a very helpful meeting today to begin planning for the interview for the above call.

One of the things that came out of it is whether we could some how bring our wider partners into the room during the interview.

An idea was if we could use quotes from the organisations/academic colleagues as to what they hope from the network, and how things may have changed by the end of the project. Also, any images/graphics we could show that may be useful? We're unable to use any powerpoint/tech but there is a flipchart so thought we could pin some images to that….

I've attached our application which includes the very helpful letters of support you kindly submitted. If there are quotes or graphics you are able to send me, I'd be very grateful.

Yours,

[redacted]

From: [redacted]>
Date: Thursday, 17 May 2018 at 11:29
To: [redacted]

[redacted] "PJenkins@[redacted]
<PJenkins@[redacted]
[redacted] "ceo@mermaidsuk.org.uk"
<ceo@mermaidsuk.org.uk>, [redacted]
Cc: [redacted]
Subject: FW: OFFICIAL SENSITIVE: Application to Cross Disciplinary Mental Health Network + call

Dear colleagues

Please see below. Good news in that through to next stage for the Mental Network Plus Call. Not sure how may will have been shortlisted but heard there were 50 applications so a tough field. Looks like we'll get some feedback pre-interview.

I'll d/w colleagues in Research Support the team we should assemble and I had circulated potential dates previously to applicants so should have them – 4th, 5th, 6th June.

Many thanks for all your help and support in getting us to this stage!

Yours

[redacted]

From: Mental Health - UKRI ESRC <mentalhealth[redacted]

Date: Thursday, 17 May 2018 at 11:07

To: [redacted]

Subject: OFFICIAL SENSITIVE: Application to Cross Disciplinary Mental Health Network + call

Our ref: ES/S005153/1

Dear Professor [redacted]

Re: Your application to Cross Disciplinary Mental Health Network Plus call

Please acknowledge by return your receipt of this email.

Following the shortlisting panel meeting held on 9th May 2018, we are pleased to invite you and your selected colleagues to an interview. We will be providing proposal feedback to you shortly, which you will be expected to read and consider ahead of the interview. As this email has only been sent to the Principal Investigators of the project, we would be grateful if you could communicate this decision to the rest of your project team.

Interviews are being held on Monday 4th June, Tuesday 5th June and Wednesday 6th June; you will be notified of the date and time of your interview shortly. The venue will be 13th Floor, MRC Conference Centre, 1 Kemble St, London WC2B 4AN.

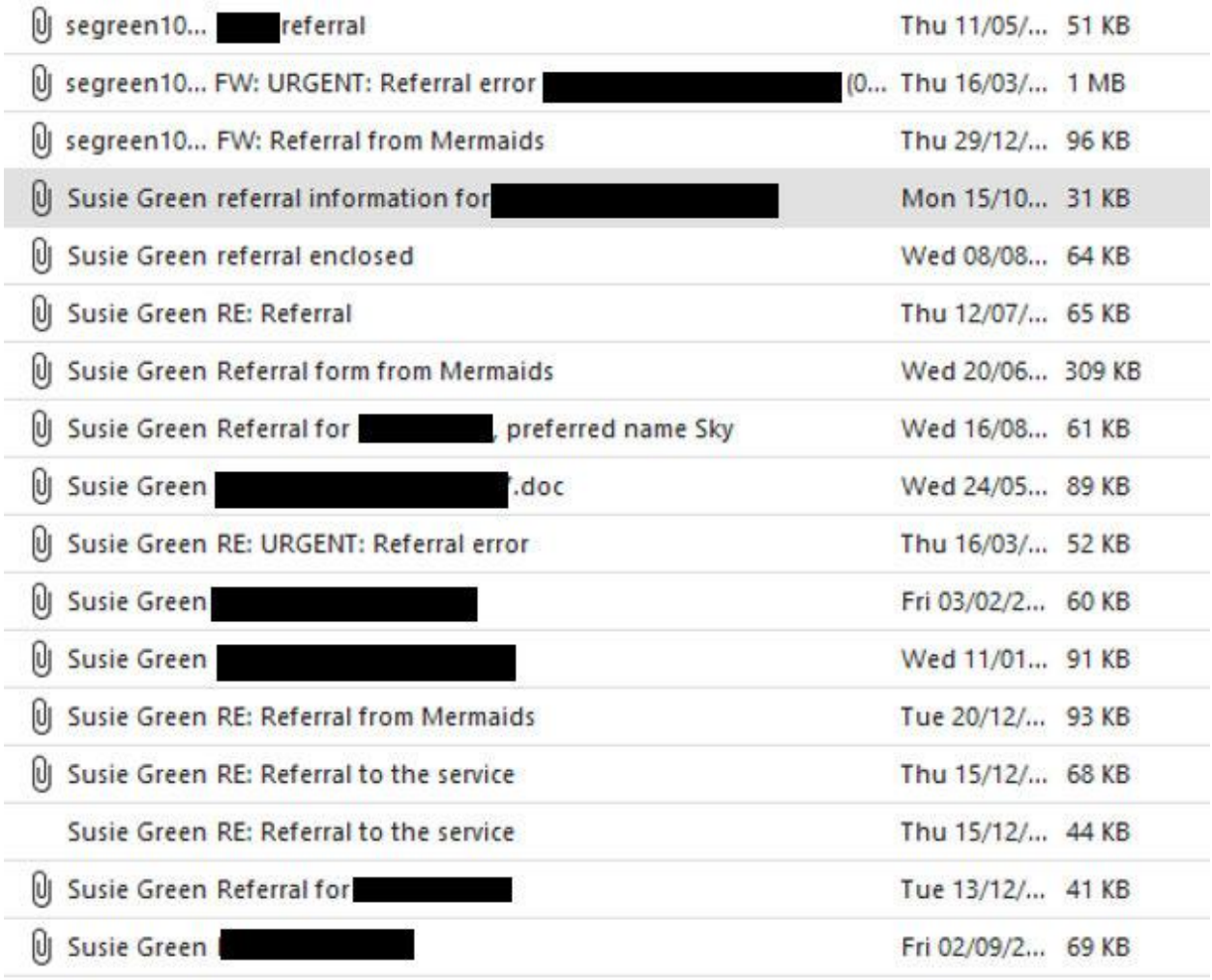
We are able to accommodate a maximum of 3 team members including the Principal Investigator, therefore please provide us with the name and institution of each attendee on or before **Friday 25th May 2018**.

The panel will consist of a maximum of 7 members and there will also be Research Council staff members present. The interview will last approximately 45 minutes in total, consisting of a 5-minute presentation followed by questions from the interview panel. Please ensure that the overview presentation you prepare lasts a maximum of 5 minutes; a flip chart will be provided and you may use your own notes, but there will be no screen or bare wall available so please prepare accordingly e.g. you will not be able to use PowerPoint or other presentation aids.

We will be in further contact in due course confirming the date and time of your interview and providing you with feedback.

Best wishes

[redacted]
Research Portfolio Officer
esrc.ukri.org |Twitter: @esrc | ESRC press coverage
ESRC is part of UK Research and Innovation
www.ukri.org | @UKRI_News


segreen10... [redacted]referral Thu 11/05/... 51 KB
segreen10... FW: URGENT: Referral error [redacted](0... Thu 16/03/... 1 MB
segreen10... FW: Referral from Mermaids Thu 29/12/... 96 KB
Susie Green referral information for [redacted] Mon 15/10... 31 KB
Susie Green referral enclosed Wed 08/08... 64 KB
Susie Green RE: Referral Thu 12/07/... 65 KB
Susie Green Referral form from Mermaids Wed 20/06... 309 KB
Susie Green Referral for [redacted], preferred name Sky Wed 16/08... 61 KB
Susie Green [redacted].doc Wed 24/05... 89 KB
Susie Green RE: URGENT: Referral error Thu 16/03/... 52 KB
Susie Green [redacted] Fri 03/02/2... 60 KB
Susie Green [redacted] Wed 11/01... 91 KB
Susie Green RE: Referral from Mermaids Tue 20/12/... 93 KB
Susie Green RE: Referral to the service Thu 15/12/... 68 KB
Susie Green RE: Referral to the service Thu 15/12/... 44 KB
Susie Green Referral for [redacted] Tue 13/12/... 41 KB
Susie Green [redacted] Fri 02/09/2... 69 KB

From: Susie Green [mailto:ceo@mermaidsuk.org.uk]

Sent: 16 August 2017 13:32

To: Gender Identity Development Service
Cc: [redacted]
Subject: Referral for [redacted], preferred name [redacted]

Hi,
Please find enclosed the referral form for a young person, any questions please let me know,
Best wishes,
Susie
CEO
Mermaids UK
www.mermaidsuk.org.uk
Registered Charity Number 1160575
Helpline:
0344 334 0550
Mobile:
[redacted]
Suite 5, High Street House,
2 The High Street, Yeadon, Leeds, LS19 7PP
Please support the work we do by donating: https://mydonate.bt.com/Mermaids

From:	Gender Identity Development Service
To:	[redacted]
Subject:	FW: Referral for [redacted]
Date:	14 December 2016 12:36:42
Attachments:	[redacted].docx

From: Susie Green [mailto:susieg100[redacted]
Sent: 13 December 2016 21:11
To: Gender Identity Development Service
Cc: [redacted]@gmail.com
Subject: Referral for [redacted]

Please find the completed referral form for [redacted]. His GP has consistently refused to refer, hence Mum reaching out and asking us to assist.

If you need anything further please do not hesitate to let me know,

Best wishes,

Susie
CEO
Mermaids UK
www.mermaidsuk.org.uk
Registered Charity Number 1160575
Helpline:
0844 334 0550 (landline)*
[redacted] (mobile)
BM Mermaids
London
WC1N 3XX

*Calls to 0844 numbers are charged at 7ppm, plus the charge from your call provider.

Freedom of Information Act 2000
Richard Stephens
ICO Case Reference Number: IC-163464-L9K4
T&P Case Reference 21-22-86/3 Docs re Susie Green, Mermaids.

Response to Request and to ICO Decision Notice issued 31/03/23

Section 3 of 3

Copies of records, notes or minutes of any meetings held between Susie Green of Mermaids UK and Tavistock and Portman NHS Foundation Trust employees during the years 2014-2018.

Section 3

Replies by Trust staff to all emails sent by Susie Green of Mermaids UK during the years 2014-2018

(Note that due to the nature of email trails, there is inevitably some duplication between this and the previous section, All Emails sent the Trust by Susie Green of Mermaids UK, during the years 2014-2018).

From:	Sally Hodges
To:	[redacted] ; barkere@[redacted] Paul Burstow; Gires Charity; susieg100[redacted]
Cc:	[redacted] ; mermaidscommittee@groups.io
Subject:	RE: Note of meeting on 21st October.docx
Date:	11 November 2016 10:39:18

Dear Bernard,

Thank you for your mail. The situation is rapidly changing as NHSE have committed more resources to GIDs, Polly Carmichael is in touch with Susie to ensure you have the most accurate and up to date information. Our new website launched this week you can find it on http://gids.nhs.uk/ and I know the service will be working with Mermaids and other user groups to ensure that our information is as responsive and user friendly as we can be.

With best wishes,

Sally

From: Gires Charity [mailto:bernardgi[redacted]
Sent: 06 November 2016 13:07
To: susieg100[redacted] Paul Burstow; terry2reed[redacted] BarkerE@[redacted]
Cc: Sally Hodges; [redacted] ; mermaidscommittee@groups.io
Subject: Re: Note of meeting on 21st October.docx

Dear Colleagues

Although Susie has described the way things are, they seem not to be as we would wish. For child post or approaching the start of puberty and experiencing gender dysphoria, the process is slow at a time when unsuitable pubertal development is progressing rapidly:

> 10m month wait for a first appointment
> initial meet and greet followed by 3 to 5 continuing assessments in the GIDS (? at 3-monthly intervals)
> next, the appointment with the endocrinologist will normally be within 3 to 6 months
> after 3 months you will go back and have an appointment to prescribe blockers

After that, there is a further wait for cross-sex hormones:

> on blockers for at least 6 months to a year (we are hoping the year requirement is being relaxed)
> in any case, will have to wait for cross sex hormones until around 16.

The GIDS is trying to reduce the above wait for a first appointment.

Are there proposals to speed up any of the subsequent elements of the above process?

Kind regards, Bernard

Bernard Reed OBE, MA, MBA
Trustee
Gender Identity Research and Education Society (GIRES)
Registered Charity Number 1068137
Melverley
The Warren
Ashtead
Surrey, KT21 2SP
01372 801554
info@gires.org.uk
www.gires.org.uk

-----Original Message-----
From: Susie Green <susieg100 [redacted]>
To: 'Paul Burstow' <PBurstow@[redacted]; bernardgi <bernard[redacted]; [redacted]>; 'Liz Barker' <BarkerE parliament.uk>
CC: 'Sally Hodges' <SHodges@[redacted] [redacted]@tavi-port.nhs.uk>; mermaidscommittee <mermaidscommittee@groups.io>
Sent: Fri, 4 Nov 2016 7:08
Subject: RE: Note of meeting on 21st October.docx

Hi all,
I apologise for not responding sooner, Mermaids have been dealing with some unpleasant attacks from the Daily Mail and have been preoccupied supporting families who have been adversely affected by the recent judge's decision. In fact we have seen a number of parents being threatened by ex-partners with court proceedings now that the judgement has been released which is a worrying consequence. It may be that the Tavistock, GIRES and Mermaids can work together to help protect families dealing with these circumstances in the future.
Regarding the document enclosed, I will respond in full next week, but I am about to go on annual leave from Saturday until next Wednesday and don't have time to cover all the points in full, but regarding the details of the process, I have just answered a query this morning from a number of parents with what I believe is the current pathway (generally) and wanted to run it by you (Sally) to make sure that this is correct. If not I will amend and repost to the parents. It may be useful, as discussed, to have this process actually documented by the Tavistock so we can send this out to new parents as we always advise them to get a referral to the service if they haven't already.
This is the text I posted, please update or correct any errors please?
Best wishes,
Susie

The Tavistock process is generally fairly typical in that they will have the first appointment as a meet and greet, ask general questions and get to know you, that is followed up by around 3 to 5 continuing assessments. If you ask they may let you book these all in advance (Leeds do) or you may have to book one in advance each time. If your child is not in puberty then they will continue to see them until they begin at which stage a decision will be made about puberty blockers. If your child is already in puberty and fits the criteria of gender dysphoria and you agree blockers are needed then you will be offered an appointment at UCLH hospital in London or Leeds LGI which is the endocrine arm of the service. If your child is under 14 it will be London regardless at the moment. The appointment with the endocrinologist will normally be within 3 to 6 months dependant upon waiting times. Blood tests, bone density scans and a general chat will happen, and then after 3 months you will go back and have an appointment to prescribe blockers. In the meantime get your GP on board as they will be needed to prescribe and administer blockers, and some are not happy about this. If your child is near to 16 then your child will have to go on blockers for at least 6 months to a year (we are hoping the year requirement is being relaxed) and then cross sex hormones will be offered if appropriate. If your child is younger, they will have to wait for cross sex hormones until around 16.
I hope that helps, any questions please just ask

CEO
Mermaids UK
www.mermaidsuk.org.uk
Registered Charity Number 1160575

Helpline:
0844 334 0550 (landline)*
0344 334 0550 (mobile)

BM Mermaids
London
WC1N 3XX

*Calls to 0844 numbers are charged at 7ppm, plus the charge from your call provider.

From: Paul Burstow [mailto:PBurstow@[redacted]]
Sent: 26 October 2016 15:11
To: bernardgi[redacted]; susieg100@[redacted] Liz Barker
Cc: Sally Hodges; Aman a Hawke
Subject: Note of meeting on 21st October.docx

Dear Bernard, Terry, Susie and Liz,

Thank you for your time last Friday. I promised a short note of the actions arising from our meeting, please find attached.

With best wishes

Paul

From: Polly Carmichael
To: "Susie Green"
Cc: Sally Hodges
Subject: RE: Note of meeting on 21st October.docx
Date: 12 November 2016 18:19:30

Dear Susie

Thanks for sharing this.
For consistency we say the number of assessment appointments is between .3 & 6 - but it is noted this can vary by individual circumstances. The only thing I would add is that the first endocrine appointment is an opportunity to ask the endocrinologist any questions about the blocker. There is some flexibility around the year on blockers but may be helpful to be consistent with what is said about cross sex hormones and say around a year on the blockers.

The website is up and has information relating to this. I have had a look today and think we can helpfully add some more detail in the information for parents section - it will definitely be a work in progress, as we get more feedback. There is also a link to the specifications which give additional details. We are hoping that the website will be a helpful resource to answer questions young people or their parents/carers may have and allow us to give up to date information about the waiting lists as I know this is something we are all very keen to reduce. I hope you like it, but do let us know if you have any thoughts about what would be helpful information that may be missing.

On another topic I thought it was a good meeting at the RCPH - although as you said there would be enough to fill much more than a day! Anyway good to see you and to be working on this together, it does feel like an opportunity to come up with something innovative and I really liked your ideas for workshops.

Best wishes
Polly

From: Sally Hodges
Sent: 04 November 2016 21:05
To: Susie Green
Cc: Polly Carmichael
Subject: RE: Note of meeting on 21st October.docx

Hi Susie,

Thank you for getting in contact and indeed for running this past us.

Reading your advice below made me think about the new GIDS website which is being launched next week and how important it is that we get the information parents and young people need up there. It would be valuable to think with you about the content going forward but in the meantime i have copied Polly in for an update on the website content that relates to the pathway you describe so we can co-ordinate and be consistent.

I know we need a date for Mermaids and GIDs to meet, i am on to finding this and will be in touch soon,

all the best,

Sally

From: Susie Green [susieg100@virginmedia.com]
Sent: 04 November 2016 07:07
To: Paul Burstow; bernardgi@aol.com; [redacted]; 'Liz Barker'
Cc: Sally Hodges; [redacted]; mermaidscommittee@groups.io
Subject: RE: Note of meeting on 21st October.docx

Hi all,
I apologise for not responding sooner, Mermaids have been dealing with some unpleasant attacks from the [redacted] and have been preoccupied supporting families who have been adversely affected by the recent judge's decision. In fact we have seen a number of parents being threatened by ex-partners with court proceedings now that the judgement has been released which is a worrying consequence. It may be that the Tavistock, GIRES and Mermaids can work together to help protect families dealing with these circumstances in the future.
Regarding the document enclosed, I will respond in full next week, but I am about to go on annual leave from Saturday until next Wednesday and don't have time to cover all the points in full, but regarding the details of the process, I have just answered a query this morning from a number of parents with what I believe is the current pathway (generally) and wanted to run it by you (Sally) to make sure that this is correct. If not I will amend and repost to the parents. It may be useful, as discussed, to have this process actually documented by the Tavistock so we can send this out to new parents as we always advise them to get a referral to the service if they haven't already.
This is the text I posted, please update or correct any errors please?
Best wishes,
Susie

The Tavistock process is generally fairly typical in that they will have the first appointment as a meet and greet, ask general questions and get to know you, that is followed up by around 3 to 5 continuing assessments. If you ask they may let you book these all in advance (Leeds do) or you may have to book one in advance each time. If your child is not in puberty then they will continue to see them until they begin at which stage a decision will be made about puberty blockers. If your child is already in puberty and fits the criteria of gender dysphoria and you agree blockers are needed then you will be offered an appointment at UCLH hospital in London or Leeds LGI which is the endocrine arm of the service. If your child is under 14 it will be London regardless at the moment. The appointment with the endocrinologist will normally be within 3 to 6 months dependant upon waiting times. Blood tests, bone density scans and a general chat will happen, and then after 3 months you will go back and have an appointment to prescribe blockers. In the meantime get your GP on board as they will be needed to prescribe and administer blockers, and some are not happy about this. If your child is near to 16 then your child will have to go on blockers for at least 6 months to a year (we are hoping the year requirement is being relaxed) and then cross sex hormones will be offered if appropriate. If your child is younger, they will have to wait for cross sex hormones until around 16.
I hope that helps, any questions please just ask

CEO
Mermaids UK
www.mermaidsuk.org.uk
Registered Charity Number 1160575

Helpline:
0844 334 0550 (landline)*
[redacted] (mobile)

BM Mermaids
London
WC1N 3XX

*Calls to 0844 numbers are charged at 7ppm, plus the charge from your call provider.

From: Paul Burstow [mailto:PBurstow@[redacted]
Sent: 26 October 2016 15:11
To: bernardgi@aol.com; [redacted]; susieg100@[redacted]Liz Barker
Cc: Sally Hodges; Amanda Hawke
Subject: Note of meeting on 21st October.docx

Dear Bernard, Terry, Susie and Liz,

Thank you for your time last Friday. I promised a short note of the actions arising from our meeting, please find attached.

With best wishes

Paul

_____

From: Susie Green
To: Sally Hodges
Subject: RE: Many congratulations
Date: 28 November 2016 17:29:09

Thanks so much Sally, we were all completely stunned to be honest, totally unexpected but wonderful nevertheless,
Best wishes,
Susie

CEO
Mermaids UK
www.mermaidsuk.org.uk
Registered Charity Number 1160575

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0844 334 0550 (landline)*
0344 334 0550 (mobile)

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WC1N 3XX

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-----Original Message-----
From: Sally Hodges [mailto:SHodges@tavi-port nhs.uk]
Sent: 25 November 2016 09:51
To: susieg100@virginmedia.com
Subject: Many congratulations

Hi Susie,

Just wanted to drop you a line to say congratulations to you and the team at Mermaids for your winning the 'Charity of the year' award at the children and young people now awards. I know how good the entries were across the board, its a really great achievement.

Hope you all enjoyed the rest of the celebrations.

Best wishes

Sally

From: Gender Identity Development Service
To: Susie Green; [redacted]
Cc: Sally Hodges; Polly Carmichael
Subject: RE: Referral to the service
Date: 15 December 2016 16:55:11
Attachments: image001.png

Dear Susie,
Thank you for your email below.
You are correct in that we advised you that parents and all young persons were to receive acknowledgement letters as soon as their referrals had been received within our Service. It is unfortunate that [redacted]s referral was received prior to our system being updated at the end of October, hence why they did not receive a letter to confirm receipt.
I can confirm that a member from the Intake team will call [redacted] as soon as possible to advise her where [redacted] is on the waiting list.
Kind regards

[redacted]
London Admin Lead

The Tavistock and Portman
NHS Foundation Trust
Tavistock Centre
120 Belsize Lane
London NW3 5BA
Tel: +44 (0)20 [redacted]
Fax: +44 (0)20 [redacted]
www.gids.nhs.uk | www.tavistockandportman.nhs.uk

From: Susie Green [mailto:susieg100@[redacted]
Sent: 15 December 2016 15:36
To: [redacted]'
Cc: Sally Hodges; Polly Carmichael; Gender Identity Development Service
Subject: RE: Referral to the service

Hi [redacted]
I was told that parents and young people would now be informed that a referral had been received so they were not left wondering. I have cc'd Sally Hodges and Polly Carmichael into this email to highlight that this is still not happening, although it may be that your referral was received before the system was updated.
I have also emailed the GIDS standard email as well, hopefully someone will let you know the status of your referral,
Best wishes,

Susie
CEO
Mermaids UK
www.mermaidsuk.org.uk
Registered Charity Number 1160575
Helpline:
0844 334 0550 (landline)*
[redacted] (mobile)

BM Mermaids
London
WC1N 3XX
*Calls to 0844 numbers are charged at 7ppm, plus the charge from your call provider.

From: [redacted]
Sent: 15 December 2016 14:28
To: Susie Green
Subject: Fwd: Referral to the service

Dear Susie,

I wonder if ou can hel me. I have not had an contact from the clinic [redacted]

With thanks once again for your invaluable assistance

Yours sincerely,

[redacted]

Begin forwarded message:
From: [redacted]
Subject: Re: Referral to the service
Date: 22 November 2016 08:32:39 GMT
To: "gids@tavi-port.nhs.uk" <gids@tavi-port.nhs.uk>
Cc: "susieg100@[redacted]" <susieg100@[redacted]>

Dear Sirs,
I am writing further to the referral kindly made to your service for my son [redacted] on 18th October (below).

[redacted]

[redacted]

Yours sincerely,

[redacted]

On 18 Oct 2016, at 18:21, Susie Green <susieg100@[redacted] wrote:

> Please find enclosed a referral to the service,
> Best wishes,
> Susie
> CEO
> Mermaids UK
> www.mermaidsuk.org.uk
> Registered Charity Number 1160575
> Helpline:
> 0844 334 0550 (landline)*
> [redacted]
> BM Mermaids
> London
> WC1N 3XX
> *Calls to 0844 numbers are charged at 7ppm, plus the charge from your call provider.

[redacted]

From: Gender Identity Development Service
To: [redacted]; [redacted]
Subject: FW: Referral from Mermaids
Date: 20 December 2016 12:30:46
Attachments: image001.png
[redacted].doc

From: Susie Green [mailto:susieg100@[redacted]
Sent: 20 December 2016 12:02
To: Gender Identity Development Service
Subject: RE: Referral from Mermaids

Hi [redacted],

Of course, can you confirm receipt so I know it got there?

Thanks

Susie

CEO

Mermaids UK

www.mermaidsuk.org.uk

Registered Charity Number 1160575

Helpline:

0844 334 0550 (landline)*

[redacted]

Suite 5, High Street House,

2 The High Street, Yeadon, Leeds, LS19 7PP

*Calls to 0844 numbers are charged at 7ppm, plus the charge from your call provider.

From: Gender Identity Development Service [mailto:gids@Tavi-Port.nhs.uk]
Sent: 20 December 2016 11:17
To: 'ceo@mermaidsuk.org.uk'
Subject: RE: Referral from Mermaids

Sorry Susie, I'm afraid I can't see the attachment. Would you be able to send again, please?

Thank you

Kind regards,

[redacted]

London Admin Lead

The Tavistock and Portman
NHS Foundation Trust
Tavistock Centre
120 Belsize Lane
London NW3 5BA
Tel: +44 (0)20 [redacted]
Fax: +44 (0)20 [redacted]
www.gids.nhs.uk | www.tavistockandportman.nhs.uk

From: Susie Green [mailto:susieg100@virginmedia.com] **On Behalf Of** ceo@mermaidsuk.org.uk
Sent: 18 December 2016 07:30
To: Gender Identity Development Service
Cc: [redacted]
Subject: Referral from Mermaids

Please find enclosed a referral to the service for a family who are unsupported by their GP.

Best wishes,

Susie
CEO
Mermaids UK
www.mermaidsuk.org.uk
Registered Charity Number 1160575
Helpline:
0844 334 0550 (landline)*
[redacted]
BM Mermaids
London
WC1N 3XX
*Calls to 0844 numbers are charged at 7ppm, plus the charge from your call provider.

From: Susie [redacted]
[redacted]
Subject: RE: Referral from Mermaids
Date: 30 December 2016 11:52:19
Attachments: image001.png

Thanks [redacted], Happy New Year,
Susie

From: [redacted] [mailto:[redacted]k]
Sent: 30 December 2016 11:19
To: 'segreen100@[redacted]
Subject: FW: Referra rom Mermaids
Hi Susie,
I can confirm [redacted] referral was received and passed on to our intake team – please see below.
Best wishes for the New Year,
[redacted]
London Admin Lead

The Tavistock and Portman
NHS Foundation Trust
Tavistock Centre
120 Belsize Lane
London NW3 5BA
Tel: +44 (0)20 [redacted]
Fax: +44 (0)20 [redacted]
www.gids.nhs.uk | www.tavistockandportman.nhs.uk

From: Gender Identity Development Service
Sent: 20 December 2016 12:31
To: 'Susie Green'
Subject: RE: Referral from Mermaids
Thanks Susie, I will pass on to our intake team.
Kind regards,
[redacted]
London Admin Lead

The Tavistock and Portman
NHS Foundation Trust
Tavistock Centre
120 Belsize Lane
London NW3 5BA
Tel: +44 (0)20 [redacted]
[redacted]
www.gids.nhs.uk | www.tavistockandportman.nhs.uk

From: Susie Green [mailto:susieg100[redacted]
Sent: 20 December 2016 12:02
To: Gender Identity Development Service
Subject: RE: Referral from Mermaids

Hi [redacted]

Of course, can you confirm receipt so I know it got there?

Thanks

Susie

CEO

Mermaids UK

www.mermaidsuk.org.uk

Registered Charity Number 1160575

Helpline:

0844 334 0550 (landline)*

[redacted] (mobile)

Suite 5, High Street House,

2 The High Street, Yeadon, Leeds, LS19 7PP

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From: Gender Identity Development Service [mailto:gids@Tavi-Port.nhs.uk]
Sent: 20 December 2016 11:17
To: 'ceo@mermaidsuk.org.uk'
Subject: RE: Referral from Mermaids

Sorry Susie, I'm afraid I can't see the attachment. Would you be able to send again, please?

Thank you

Kind regards,

[redacted]

London Admin Lead

The Tavistock and Portman
NHS Foundation Trust
Tavistock Centre
120 Belsize Lane
London NW3 5BA
Tel: +44 (0)20[redacted]
Fax: +44 (0)20[redacted]
www.gids.nhs.uk | www.tavistockandportman.nhs.uk

From: Susie Green [mailto:susieg100@[redacted] **On Behalf Of** ceo@mermaidsuk.org.uk
Sent: 18 December 2016 07:30
To: Gender Identity Development Service
Cc:[redacted]
Subject: Referral from Mermaids

Please find enclosed a referral to the service for a family who are unsupported by their GP.

Best wishes,

Susie

CEO

Mermaids UK

From: Polly Carmichael
To: Susie Green; Paul Burstow; [redacted] mermaidscommittee@groups.io; HUXTER, Will (NHS ENGLAND)
Cc: Sally Hodges; [redacted] barkere@[redacted]
Subject: FW: Blockers and private treatment
Date: 22 March 2017 14:14:26

Dear Susie

Thank you for the email following the Radio 5 live programme. I am so sorry but I have only just seen it, as for some reason it went into the spam mail box. I found it searching to see if I had missed any emails about the residential this weekend.

I can confirm you are correct that we would complete an assessment before agreeing a care plan with a young person and their family, which can include referral to the Endocrine Liaison Clinic and that the Endocrine Liaison clinic works within the timings of treatments laid out in the service specifications published last year.
I am not best qualified to speak on the medical aspects of care but have spoken with [redacted] our Lead Endocrinologist. In broad terms if families have previous test results these would be taken into account by the endocrine team, but individual circumstances vary widely and so it would be a case by case basis as to what they considered was in the best interests of a young person by way of assessment prior to initiating physical treatments in the clinic. This would of course be discussed with young people and their families in their first clinic appointment.
Young people accessing medical treatment outside the integrated GIDS service can continue with the psychosocial professionals in the team if they would find that helpful and may choose at a later date to be referred to the endocrine clinic, if for example they started cross sex hormone treatment outside the service at an earlier age than the service offers. If families already attending the endocrine clinic decide they wish to access medical care and treatment outside the service for the same issue, they would be discharged from the endocrine clinic and any endocrine treatment that may have been prescribed by the service would stop, as the endocrine team cannot take responsibility for monitoring treatments prescribed outside the service.

In summary if families elect to undertake physical care and treatment outside the service, whilst already under the care of the GIDS endocrine Liaison clinic, they will be discharged from the GIDS endocrine liaison clinic but can of course continue with the psychosocial team members.
Families can at any time choose to be referred back to the GIDS endocrine clinic for medical care and treatment, within the timings laid out and agreed in the service specifications.
I hope this is helpful and am very sorry to hear that there has been confusion. This is also explained on page 32 of the service specifications (I am sure you know this but they can be found on the Paediatric Medicine CRG website).

On another note I would be most grateful if you could let me know when we are expected for the Mermaids residential this weekend, the venue details and what would be helpful from us.
Very many thanks.
Best wishes
Polly

From: segreen100@[redacted]
Sent: 28 February 2017 14:50

To: Polly Carmichael; Sally Hodges
Cc: [redacted]; Paul Burstow; barkere@[redacted]; Gires Charity; [redacted]; mermaidscommittee@groups.io; will.huxter@[redacted]
Subject: Bloc ers and private treatment
Importance: High

Dear Polly,
Following the Radio 5 Live program on Sunday, and the general confusion amongst parents about this subject, as per your statements on the show about access to treatment and our conversation afterwards, can I ask for something in writing to clarify exactly what the position is? What monitoring and information do you need to be able to move young people whose parents have accessed private treatment due to lengthy waits back onto the NHS pathway? Confirmation that young people will NOT be discharged from the endocrine service at all, which is a common misconception, but appears to be coming from clinicians so clarity for all would be greatly appreciated.
My understanding is that you need the baseline blood tests from before treatment is begun, then the ongoing regular monitoring tests to show the effectiveness of the treatment. I understand that you would only move young people to endocrine services after the full Tavistock assessment was done, and that the NHS prescription of treatment must fit within the current protocol. Therefore you would prescribe blockers when they had been assessed by the Tavistock, and then referred on to the endocrine service subject to baseline information and monitoring. Cross sex hormones would not be covered by the current protocol before 16, but would be covered after 16, but if a young person accessed them privately whilst on blockers prescribed by you, they would remain in the service until eligible under your protocol, as recommended under NHS guidelines.
This would be a huge weight off parents minds. Many want to access blockers privately for their children due to the distress caused by ongoing pubertal changes and the huge wait to be seen and assessed, but are then caught in a position of having to fund blockers indefinitely themselves. Knowing that once they access Tavistock services and following assessment they would be able to access NHS services would be incredibly helpful, because despite our discussion, parents are reporting they are being told they will not see an endocrinologist at all if they have sourced this privately.
Best wishes,
Susie

CEO
Mermaids UK
www.mermaidsuk.org.uk
Registered Charity Number 1160575

Helpline:
0844 334 0550 (landline)*
[redacted]

Suite 5, High Street House,
2 The High Street, Yeadon, Leeds, LS19 7PP

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From: [redacted]
To: [redacted]
Subject: Mermaids Yorkshire residential
Date: 09 May 2017 16:45:39
Attachments: image001.png

Hi Helen

Polly forwarded me your request for someone from GIDS to come and talk at your next residential in Yorkshire. Apologies for not getting back to you sooner but myself and a colleague, [redacted] would be keen to join you on 20th if you still have a slot free. What time would you like us & do you want us to talk generally about the service or did you have something specific in mind?

Look forward to meeting you on the 20th.

[redacted]

GIDS
Gender Identity
Development Service

The Tavistock and Portman
NHS Foundation Trust
Tavistock Leeds Base
8 Park Square East
Leeds LS1 2LH
Tel: +44 (0)113 [redacted]
www.gids.nhs.uk | www.tavistockandportman.nhs.uk

From: Polly Carmichael
To: [redacted] [redacted]
Subject: RE: FW:
Date: 14 June 2017 16:42:21

Dear Susie

Thanks for letting us know. I have checked with the team and there is no confusion that they are aware of.
It is very d fficult to respond helpfully without having more information. It is such a shame that families still do not feel able to contact directly so that we can provide accurate information as obviously what we do is intended to be helpful.
I wonder if there is a way for Mermaids to encourage families to contact directly with the certain knowledge that this will not negatively affect care.

Unfortunately I can't read the attached letter below which looks like it is from [redacted] so I don't know if this is relevant.
In the case of Wales commissioners do not fund referrals unless the referral is made to us by CAMHS – so that may be why?
I have checked the acknowledgement letter that is sent out to all referrals and it is clear this is not a prerequisite to be involved with CAMHS.

I am very happy to look into this but I cannot do so unless I have more information.

I hope you enjoyed the conference and that your workshop went we l- it looked packed which is great. Thanks for a l your input for the event which I thought turned out to be unique and important by including talks from such a wide range of speakers

Best wishes
Polly

Dr Polly Carmichael
Director Gender Identity Development Service
Consultant Clinical Psychologist
Gender Identity Development Service
The Tavistock and Portman
NHS Foundation Trust
Tavistock Centre
120 Belsize Lane
London NW3 5BA
Tel: +44 (0)20[redacted]
Fax: +44 (0)20[redacted]
www.tavistockandportman.nhs.uk
[redacted], PA
Tel: 0207[redacted]
[redacted]@tavi-port.nhs.uk

From: Susie Green [mailto:ceo@mermaidsuk.org.uk]
Sent: 14 June 2017 15:32
To: Polly Carmichael [redacted]
Subject: FW:
Importance: High

Hi Po ly Sally
This is the second time this week a parent has been told their referral will not be accepted unless they are with CAMHS which you have both told me is categorically not true. I am waiting for more information on the other referral where this has been said as I haven't received actual evidence yet. Both parents say their children do not need CAMHS engagement as they have no other issues at present.
Can I ask that you address this so the parents have their referrals accepted without need for CAMHS? There seems to be confusion within your team but I know we have discussed this many times so am hopeful it can be sorted quickly. If they wish to ask for a referral at a later stage they are both aware they can ask their GP's.
Best wishes
Susie

From: [redacted] [mailto:[redacted]]
Sent: 14 June 2017 10:30
To: CEO Mermaids
Subject:

Hi Susie, attached is a photo of the letter I have received...

[redacted]

Many thanks

[redacted]

Sent from Yahoo Mail for iPhone

From: Susie Green
To: Polly Carmichael
Cc: [redacted]; [redacted]
Subject: RE: Passport Letter
Date: 29 May 2018 15:37:10
Attachments: image001.png

Thank you Polly,
Susie

From: Polly Carmichael <PCarmichael@[redacted]>
Sent: 29 May 2018 14:52
To: ceo@mermaidsuk.org.uk
Cc: [redacted]>
Subject: RE: Passport Letter

Dear Susie and [redacted]

Thanks so much for emailing regarding this issue. This is a quick email to say I am putting the issue of the team agenda to discuss to ascertain what is being done across the team and will get back to you as soon as possible.
Best wishes
Polly

Dr Polly Carmichael
Director Gender Identity Development Service
Consultant Clinical Psychologist
Gender Identity Development Service
The Tavistock and Portman
NHS Foundation Trust
Tavistock Centre
120 Belsize Lane
London NW3 5BA
Tel: +44 (0)20 [redacted]
Fax: +44 (0)20 [redacted]
www.tavistockandportman.nhs.uk
[redacted]**, PA**
Tel: 0208 [redacted]
[redacted]**@tavi-port.nhs.uk**

From: Susie Green [mailto:ceo@mermaidsuk.org.uk]
Sent: 24 May 2018 22:31
To: Polly Carmichael <PCarmichae[redacted]
Cc: [redacted]; [redacted]>
Subject: FW: Passport Letter
Importance: High

Hi Polly,
Can I bring your attention to the email below? I asked the family to get in touch directly after a discussion on the groups about obtaining a passport.
There seems to be a real issue for some clinicians around issuing the letter to families who want to change their child's gender on their passport to match their social presentation. It seems to be

variable, with some clinicians very happy to comply and others refusing, instead offering a letter to go alongside the passport to explain the difference between the child's appearance and their gender marker. Families responded to this Mum (below) saying they had a letter issued at the same age, and sometimes younger, without any issues, which is obviously very frustrating and upsetting.

Many families have had to approach their GP's when refused by the service, even though many other families report that their clinicians have no problem. The issues seems to be around age in the majority of cases, but as many have pointed out, going through passport control in a foreign country which may not support transgender issues and have language barriers, they have found themselves in a position where they are trying to explain the situation in difficult circumstances with non-English speakers. This has proven to be very embarrassing and upsetting, as I am sure you can imagine [redacted], albeit many years ago, before [redacted]

I find the clinicians explanation that a child needs to 'get used to distress' very unnerving, especially when the solution is very simple and protects the identity and integrity of a young person, in what may be difficult circumstances.

Could you clarify the position, especially when a child has socially transitioned, as in this case, for quite some time? If parents report that they have had issues, is there a central point where they can challenge this decision, especially when it does appear to be in the best interests of their child, and has been done many, many times before?

I have cc'd [redacted] into this email, as I know one of our parents raised this [redacted]. As an aside, the weekend went exceptionally well, thanks to [redacted] and [redacted] for attending, and thank you for continuing to support Mermaids by ensuring Tavistock's presence at the weekends we hold,

Best wishes,

Susie

From: [redacted]>
Sent: 21 May 2018 11:22
To: ceo@mermaidsuk.org.uk
Subject: Passport Letter

Hi Susie,

I requested a passport letter for [redacted] from my doctor, [redacted] on the [redacted]. [redacted]