

# NHS England: Equality and Health Inequalities Impact Assessment (EHIA) template

January 2026

## 1. Name of the policy

Service Specification for NHS Children and Young People's Gender Services

## 2. Brief summary and purpose of the policy in a few sentences:

In 2022 the Cass Review gave interim advice to NHS England on the reconfiguration of specialised services for children and young people who present with gender incongruence / gender dysphoria. This advice included recommendations that new regional services should be established rapidly, working to a different clinical model; and that services for children and young people with gender incongruence should be hosted by tertiary paediatric units. An interim service specification for the new Children and Young People's Gender Services was adopted in June 2023, following a process of public consultation.

Following publication of the final report of the Cass Review in April 2024, and in line with its stated intentions, NHS England formed an amended service specification for the purpose of stakeholder testing in April 2025, followed by public consultation between August and November 2025.

Having considered the outcome of stakeholder engagement, and the submissions made during public consultation, NHS England has formed a final proposed service specification that differs to the interim service specification:

- The previous description of the clinical model has been replaced with the description of a hHolistic Assessment Framework from the final Cass Report, alongside the Cass Report's description of the process of diagnosis, formulation and individualised care planning (Appendix A of the specification)
- Wording has, generally, been amended to align with the findings and recommendations of the final Cass Report; for example in the description of the role and function of the National Provider Network, the role of the Children and Young People's Gender Service in leading a network of designated local specialist services and the establishment of a pathway for pre-pubertal children;
- Alignment of the service specification with the ancillary service specification *Referral Pathway for Specialist Service for Children and Young People with Gender Incongruence* (August 2024);

- Alignment of the service specification with NHS England’s clinical commissioning policy for Puberty Suppressing Hormones (March 2024) and recent government legislation that places restrictions on private prescribing;
- Alignment of the service specification with NHS England’s clinical commissioning policy for Gender Affirming Hormones (March 2024) and a description of the role of the paediatric endocrinology team
- The proposed service specification describes that the NHS Children and Young People’s Gender Service will not assume responsibility for prescribing any medication initiated outside of the service.
- A description of proposed arrangements for data collection, audit and evaluation.
- Addition of proposed provider-reported metrics.

#### 4. Who will be affected by the proposal?

The service specification describes the service that is available to children and young people under 18 years who meet the referral criteria. The service is directly commissioned for the population of England and Wales, though referrals may also be accepted from the European Union under international agreements, and from UK Crown Dependencies.

An updated description of prevalence is set out in the proposed service specification.

Table: Patient Numbers

Patient Cohort	Number	Rationale
Individuals on the waiting list at 30 November 2025	4,532	Figure reported to NHSE by NHS Arden & GEM CSU
Average number of referrals added to the waiting list between June 2025 and November 2025, per month	56	Figure reported to NHSE by NHS Arden & GEM CSU

Average number of individuals who are forecast to leave the waiting list without being seen due to age between December 2025 and May 2026, per month	156	Figure reported to NHSE by NHS Arden & GEM CSU
Number of children and young people who will be impacted by the proposal that the the NHS Children and Young People's Gender Service will not assume responsibility for prescribing any medication initiated outside of the service	Unknown	There is no data that is publicly available on the number of children and young people who are sourcing medical intervention for gender incongruence from private providers.

### 3. Main potential positive or adverse impact(s) of the policy for protected characteristic groups summarised

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
<b>Age:</b> e.g. older people; middle years; early years; children and young people; or people of a particular age (e.g. 32 years old)	<p>Any consideration of the impact of the proposals to individuals who may share this protected characteristic has to recognise that the proposed service specification describes a clinical pathway exclusively for children and young people who are aged below 18 years.</p> <p>There are positive impacts to individuals who share this protected characteristic. The purpose of the proposed service specification for children and young people with gender incongruence is to describe a</p>	<p>The proposal for a pathway for pre-pubertal children is in line with Recommendation 4 of the Cass Review. The potential impacts to older children will be monitored by NHS England and the providers of the services, but the Cass Report was clear on the relative benefit of early discussion with pre-pubertal children.</p> <p>Potential approaches to implementation of Recommendation 4 are being tested</p>

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
	<p>delivery model that is safe, evidenced based, and that is focused on addressing a child / young person's overall health needs in an integrated way, in line with the findings and recommendations of the Cass Review.</p> <p>The service specification proposes a separate pathway for pre-pubertal children and their families so that they are seen for early discussion. This may increase the waiting time for some older children who would otherwise have been accepted into the service sooner.</p>	<p>by the NHS Children and Young People's Gender Service in 2025/26.</p> <p>For the avoidance of doubt, the service will continue to accept referrals of young people, and will continue to provide clinical care to them, up to their 18<sup>th</sup> birthday subject to the temporary <a href="#">operational arrangement</a> that young people are removed from the national waiting list at 17 years and 9 months.</p>
<p><b>Disability:</b> any long-term physical or mental impairment; substantially effecting day-to-day activities.<sup>1</sup></p>	<p>Various literature suggests that a high proportion of children and young people with gender incongruence will also present with other significant comorbidities.</p> <p>The literature reports that a significant proportion of those presenting with gender dysphoria have a diagnosis of Autistic Spectrum Disorder (ASD). Around 35% of young people referred to the former Tavistock GIDS presented with moderate to severe autistic traits<sup>2</sup>. Individuals with ASD</p>	<p>The adoption of the Holistic Assessment Framework will benefit individuals who have this protected characteristic as it will determine whether there are any cooccurring and/or contributory elements of the individual's presentation that are affecting their psychosocial wellbeing or functioning, and will form the basis of an individual care plan.</p>

<sup>1</sup> For further information about the definition of 'disability' for the purposes of the Equality Act 2010, please see: [Disability: Equality Act 2010 - Guidance on matters to be taken into account in determining questions relating to the definition of disability \(HTML\) - GOV.UK \(www.gov.uk\)](#)

<sup>2</sup> Assessment and support of children and adolescents with gender dysphoria, Butler et al, 2018

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
	<p>are likely to share the protected characteristic of “disability”.</p> <p>Around 70% of people with autism also meet diagnostic criteria for at least one (often unrecognised) psychiatric disorder that further impairs psychosocial functioning, for example, attention deficit hyperactivity disorder or anxiety disorders. Intellectual disability (IQ&lt;70) coexists in approximately 50% of children and young people with autism<sup>3</sup>.</p> <p>The Cass Report (April 2024) reported that <i>“some research studies have suggested that transgender and gender-diverse individuals are three to six times more likely to be autistic than cisgender individuals, after controlling for age and educational attainment”</i> [para 5.41]</p> <p>There is also an increased prevalence of children and young people presenting to the current service with severe forms of mental health problems which may in some cases constitute a ‘disability’ for the purpose of the Act.</p>	

<sup>3</sup> Autism Spectrum Disorder in Under 19s: Support and Management, National Institute for Health and Care Excellence, 2021

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
	<p>The Cass Report (April 2024) reported that of the studies identified in a systematic review (Taylor et al: Patient characteristics) almost 50% reported data on depression and/or anxiety, and close to 20% reported other mental health issues, leading the Cass Review to conclude that <i>“rates of depression, anxiety and eating disorders were higher in the gender clinic referred population than in the general population”</i> [para 5.26].</p> <p>Some respondents to the process of public consultation were concerned that the proposed Holistic Assessment Framework may disadvantage individuals with this protected characteristic, namely those who are neurodiverse or who have mental health conditions, in that it may delay or prevent access to the CYP Gender Service.</p> <p>NHSE may conclude from the information above that the current proposals may have a disproportionate impact on individuals who share this protected characteristic. The proposed service specification will have positive impacts to individuals who share this protected characteristic as it describes</p>	

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
	<p>an integrated approach to responding to a child or young person’s overall health needs including those that may fall within the scope of ‘disability’ for the purpose of the Act, such as autism, ASD and mental health problems.</p>	
<p><b>Gender reassignment</b> and/or people who identify as Trans.<sup>4</sup></p>	<p>Since the High Court judgment in 2023, not every child or young person referred to a specialised gender incongruence service will have the protected characteristic of ‘gender reassignment’<sup>5</sup>. The Court agreed that children and young people who are referred to such a service do not – at the point of referral or while they remain on the waiting list - share the protected characteristic of ‘gender reassignment’ as a class or cohort of patients.</p> <p>The whole cohort of patients cannot be treated as “proposing to undergo” a process (or part of a process) for the “purpose of reassigning” their sex “by changing physiological or other attributes of sex” as a class or cohort. To apply such a definition to these individuals is to make assumptions</p>	<p>Some children and young people who are sourcing hormone medications from private providers, including unregulated providers, may be doing so in the expectation that the NHS Children and Young People’s Service will agree to assume responsibility for prescribing or agree a shared care approach for prescribing. This will not be possible under the terms of the proposed service specification, including for the reason that a baseline assessment of gender incongruence or gender dysphoria will not be available to the service. Psychosocial support may be still be offered. NHS England has proceeded on the basis that these children and young people are likely to share the</p>

<sup>4</sup> A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex.

<sup>5</sup> [R\(AA & Others\) v NHS Commissioning Board and Others\[2023\] EWHC 43 \(Admin\)](#) upheld by Court of Appeal.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
	<p>upon the aims and intentions of those referred, the certainty of those desires and their outward manifestation, and upon the appropriate treatment that may be offered and accepted in due course. This is particularly likely to be true in the case of very young children.</p> <p>However, as the Court found and as NHS England accepts, many children and young people in this position will, individually, have the protected characteristic at this stage of the pathway, although determining that will involve a case-specific factual assessment<sup>6</sup> that will be undertaken by clinicians in the service.<sup>7</sup></p> <p>Some respondents to the process of public consultation were concerned that the proposed Holistic Assessment Framework may disadvantage individuals with this protected characteristic, in that it may delay or prevent access to the CYP Gender Service.</p>	<p>protected characteristic of gender reassignment as a class or cohort.</p> <p>Unregulated healthcare services pose a risk to patient safety as they are not subject to the same level of scrutiny as registered services, and the proposed service specification retains advice that individuals should not use medications from unregulated sources.</p> <p>The adoption of the Holistic Assessment Framework will benefit individuals who have this protected characteristic as it will determine whether there are any cooccurring and/or contributory elements of the individual's presentation that are affecting their psychosocial wellbeing or functioning, and will form the basis of an individual care plan.</p> <p>NHS England's clinical policy position that prevents the use of GnRHa (puberty blockers) to children under 18</p>

<sup>6</sup> Ibid

<sup>7</sup> NHS England has reminded itself that an individual will benefit from protection under Equality Act 2010 against direct discrimination in that they should not be treated less favourably if they are perceived by NHS England to have the protected characteristic of, or satisfy the definition of, gender reassignment even if they do not. However, NHSE has concluded that this aspect will have no substantive impact given that NHSE recognises that a number of the presenting patients will have the protected characteristic.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
	<p>Of those individuals who are seen by the service and who do have the protected characteristic, they will benefit from the terms of the proposed service specification, which describes a clinical model that is safe, evidence based, and that is focused on addressing a child / young person's overall health needs in an integrated way.</p> <p>Some respondents to public consultation, more generally, objected to what they perceived to be a conservative approach to medical interventions, but conversely other respondents objected to what they perceived to be a liberal approach to medical intervention.</p>	<p>years was adopted in 2024 and was outside of the scope of the public consultation. Similarly, the amended clinical commissioning policy (2024) that restricts the use of exogenous hormones was also outside the scope of public consultation; NHS England is currently reviewing the evidence around the use of exogenous hormones and will adopt an amended policy in 2026, informed by the outcome of the evidence review.</p>
<b>Marriage &amp; civil partnership</b> <sup>8</sup> : people married or in a civil partnership.	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposed interim service specification does not have any significant impact on individuals who may share this protected characteristic.	
<b>Pregnancy and maternity</b> : women while pregnant and during maternity leave.	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the	

<sup>8</sup> Please note that the provisions on marriage and civil partnership are limited in relation to service-delivery (See: [Developing Equalities and Health Inequalities Impact Assessments \(EHIAs\)](#): Page 8)

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact																						
	view that the proposed interim service specification does not have any significant impact on individuals who may share this protected characteristic.																							
<b>Race and ethnicity</b> <sup>9</sup> : includes colour and ethnic and national origins.	<p>Table: Ethnicity of children and young people on the waiting list for CYP Gender Services, February 2025</p> <table border="1" data-bbox="882 547 1375 1182"> <thead> <tr> <th>Category</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>White British</td> <td>58.8%</td> </tr> <tr> <td>White Other</td> <td>4.2%</td> </tr> <tr> <td>Mixed – any other mixed background</td> <td>2.1%</td> </tr> <tr> <td>Mixed – White and Asian</td> <td>0.7%</td> </tr> <tr> <td>Mixed – White and Black Caribbean</td> <td>0.7%</td> </tr> <tr> <td>Other Ethnic Groups – Any Other Ethnic Group</td> <td>0.6%</td> </tr> <tr> <td>Asian or Asian British - Any other Asian background</td> <td>0.5%</td> </tr> <tr> <td>Black or Black British - Any other Black background</td> <td>0.3%</td> </tr> <tr> <td>White irish</td> <td>0.3%</td> </tr> <tr> <td>Asian or Asian British - Indian</td> <td>0.2%</td> </tr> </tbody> </table>	Category	%	White British	58.8%	White Other	4.2%	Mixed – any other mixed background	2.1%	Mixed – White and Asian	0.7%	Mixed – White and Black Caribbean	0.7%	Other Ethnic Groups – Any Other Ethnic Group	0.6%	Asian or Asian British - Any other Asian background	0.5%	Black or Black British - Any other Black background	0.3%	White irish	0.3%	Asian or Asian British - Indian	0.2%	<p>There is evidence that gender diverse individuals from Black Asian Minority Ethnic (BAME) heritage are more likely to face discrimination on the basis of their race and gender and often within their religious community as well.</p> <p>The reasons for the low numbers of children and young people of BAME heritage accessing the service (and adult gender dysphoria services) are not well understood and may include a combination of epidemiological, cultural and religious and belief factors, amongst others.</p> <p>NHS England’s proposed service specification describes the importance of routine and consistent data collection, analysis and reporting.</p>
Category	%																							
White British	58.8%																							
White Other	4.2%																							
Mixed – any other mixed background	2.1%																							
Mixed – White and Asian	0.7%																							
Mixed – White and Black Caribbean	0.7%																							
Other Ethnic Groups – Any Other Ethnic Group	0.6%																							
Asian or Asian British - Any other Asian background	0.5%																							
Black or Black British - Any other Black background	0.3%																							
White irish	0.3%																							
Asian or Asian British - Indian	0.2%																							

<sup>9</sup> Addressing racial inequalities is about identifying any ethnic group that experiences inequalities. The Equality Act 2010 prohibits discrimination on the basis of colour, nationality and ethnic or national origins. Race and ethnicity includes people from any ethnic group incl. BME communities, non-English speakers, Gypsies, Roma and Travelers, migrants etc. who experience inequalities. So, for example, this includes addressing the needs of BME communities but is not limited to addressing their needs, it is equally important to recognise the needs of White groups that experience inequalities.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your policy		Actions taken to mitigate adverse impact and/or maximise the positive impact																		
	<table border="1" data-bbox="887 312 1375 783"> <tr> <td>Mixed - White and Black African</td> <td>0.2%</td> </tr> <tr> <td>Asian or Asian British - Pakistani</td> <td>0.1%</td> </tr> <tr> <td>Asian or Asian British - Bangladeshi</td> <td>0.1%</td> </tr> <tr> <td>Black or Black British - African</td> <td>0.1%</td> </tr> <tr> <td>Black or Black British - Caribbean</td> <td>0.1%</td> </tr> <tr> <td>Other Ethnic Groups - Chinese</td> <td>0.1%</td> </tr> <tr> <td>Unknown</td> <td>26%</td> </tr> <tr> <td>Unable to Choose</td> <td>3.7%</td> </tr> <tr> <td>Decline to Answer</td> <td>1.3%</td> </tr> </table> <p data-bbox="887 839 1503 943">Of the data available to NHS England, the ethnicity of nearly a third of individuals is unknown.</p> <p data-bbox="887 991 1503 1206">Of the data that is available, there is over-representation of individuals who are White (63.3%). This accords with previous analysis that found that the majority of individuals accessing a children's gender service are White.</p>		Mixed - White and Black African	0.2%	Asian or Asian British - Pakistani	0.1%	Asian or Asian British - Bangladeshi	0.1%	Black or Black British - African	0.1%	Black or Black British - Caribbean	0.1%	Other Ethnic Groups - Chinese	0.1%	Unknown	26%	Unable to Choose	3.7%	Decline to Answer	1.3%	<p data-bbox="1518 312 2094 568">Providers, working as a National Provider Network, will report demographic data for the purpose of continuous service improvement initiatives, including to identify whether any particular groups are experiencing barriers in access to service provision.</p> <p data-bbox="1518 608 2094 1078">The specification sets out the requirement for the service to have evidence of engagement with children, young people and families in design and review of the service which will be an opportunity to address any inequalities and better understand and mitigate against any negative impact on children and young people referred to the service from black and minority ethnic groups or other communities who share the protected characteristic of race and ethnicity.</p>
Mixed - White and Black African	0.2%																				
Asian or Asian British - Pakistani	0.1%																				
Asian or Asian British - Bangladeshi	0.1%																				
Black or Black British - African	0.1%																				
Black or Black British - Caribbean	0.1%																				
Other Ethnic Groups - Chinese	0.1%																				
Unknown	26%																				
Unable to Choose	3.7%																				
Decline to Answer	1.3%																				
<p data-bbox="192 1214 869 1286"><b>Religion and belief:</b> people with different religions/faiths or beliefs, or none.</p>	<p data-bbox="880 1214 1507 1390">There is limited available evidence on the religious attitudes and beliefs of trans people in the United Kingdom, although The Trans Mental Health Study found that most people who took part stated that they had</p>																				

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
	<p>no religious beliefs (62%). A data collection exercise of adult Gender Dysphoria Clinics undertaken by NHS England in 2016 reaffirmed the findings of this study but it is unclear as to the extent to which the findings may relate to children and young people.</p> <p>NHS England is of the view that the current proposals do not discriminate against individuals who share this protected characteristic.</p>	
<p><b>Sex:</b> men; women.</p>	<p>At recent referral patterns, around 65% of referrals to the NHS CYP Gender Services are of natal females.</p> <p>This data accords with figures published by the Cass Review in March 2022 show a trend since 2011 in which the number of natal females is higher than the number of natal males being referred. Prior to that the split in the caseload was roughly even between natal girls and natal boys, but by 2019 the split had changed so that 76% per cent of referrals were natal females. That change in the proportion of natal girls to boys is reflected in the statistics from the Netherlands (Brik et al "<i>Trajectories of Adolescents Treated with Gonadotropin-</i></p>	

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
	<p><i>Releasing Hormone Analogues for Gender Dysphoria” 2018).</i></p> <p>The proposals may disproportionately impact individuals who are natal female based on this data, but NHS England has concluded that no discrimination arises.</p>	
<p><b>Sexual orientation:</b> Lesbian; Gay; Bisexual; Heterosexual.</p>	<p>NHS England does not hold data on the sexual orientation of individuals who are referred to or seen by the NHS commissioned service.</p> <p>The website of the former GIDS at the Tavistock and Portman NHS Foundation Trust described the challenges in collecting this information from children and it read: <i>“In our most recent statistics (2015), of the young people seen in our service who were assigned male at birth and for whom we have data, around 30% were attracted to males, 30% to females, and 30% to both males and females (or other genders). The remaining approximately 10% of those for whom we have data described themselves as not being attracted to either males or females, or as asexual. For young people assigned female at birth for whom we have data: over half were attracted to females, a quarter were attracted to males, just under</i></p>	<p>NHS England’s proposed service specification describes the importance of routine and consistent data collection, analysis and reporting. Providers, working as a National Provider Network, will report demographic data for the purpose of continuous service improvement initiatives, including to identify whether any particular groups are experiencing barriers in access to service provision.</p> <p>The specification also sets out the requirement for the service to have evidence of engagement with children, young people and families in design and review of the service which will be an opportunity to address any inequalities and better understand and mitigate against any negative impact on young people referred to the service</p>

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
	<p><i>20% were to both males and females (or other genders), and a small percentage described themselves as asexual or as not being attracted to either males or females”.</i></p> <p>In April 2024 the Cass Report read <i>“The Review has not been able to obtain recent data relating to the sexual orientation of the (Tavistock) GIDS patient cohort. When asked, mixed responses were given by (Tavistock) GIDS clinicians about the extent to which they explore sexuality with patients seen in the service, and this may reflect differences in practice”.</i></p> <p>The Cass Report did provide some evidence by way of a paper from the Tavistock GIDS service in 2016 (Holt et al., 2016) that reported sexual orientation in 57% (97) of a clinic sample of patients over 12 years of age for whom this information was available. Of the birth-registered females, 68% were attracted to females, 21% were bisexual, 9% were attracted to males and 2% were asexual. Of the birth-registered males, 42% were attracted to males, 39% were bisexual and 19% were attracted to females.</p>	<p>who have the protected characteristic of sexual orientation.</p> <p>The Cass Review cited the example of <i>“young lesbians who felt pressured to identify as transgender male, and conversely transgender males who felt pressured to come out as lesbian rather than transgender”.</i> The Holistic Assessment Framework that is detailed in the service specification explores sexual orientation and psychosexual development and how this influences an individual’s gender presentation. The service specification sets out the workforce requirement of ensuring that the MDT includes practitioners with expertise in childhood and adolescent development, including sexual development which will also have a positive impact on those young people referred to the service who have the protected characteristic of sexual orientation.</p> <p>The proposed service specification also describes the importance of building research capabilities for the purpose of continuous quality improvement</p>

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
	<p>The 2021 census reported that 89.4% of the UK population (16+years) identified as straight or heterosexual, which is a marked variation to the findings of the above survey in 2021 (20%). It is unclear as to the extent to which these data can be extrapolated for the purpose of this EHIA, but it may be reasonable to surmise that there is likely to be a lower percentage of children and young people who are referred to a gender incongruence service who identify / will identify as straight or heterosexual than for the general population.</p> <p>NHS England has concluded that there is insufficient evidence to determine if a particular group or cohort will be disproportionately impacted by the proposals.</p>	<p>initiatives. Working with the providers and academic partners, NHSE will consider how to use the outcome of this research to inform its future approach to the commissioning of these services.</p>

#### 4. Information and communication support needs

Have you considered whether steps are necessary to meet the information and communication support needs of patients, service users, carers and patients? Please place an 'x' in the appropriate box below.

Yes X	No
-------	----

The Accessible Information Standard (AIS): Where those needs relate to a disability, impairment or sensory loss or wider disability related translation or interpretation needs please see the [Accessible Information Standard](#).

Community languages and translation: Where English is not the first language please see the '[Improvement framework: community language translation and interpreting services](#)'

Please complete the box below.

Is this standard or guidance relevant?	Yes	No
The Accessible Information Standard	X	
The Improvement Framework: community language translation and interpreting services	X	

#### 5. Main potential positive or adverse impact for people who experience health inequalities

Please briefly summarise the main potential impact (positive or adverse) on people at particular risk of health inequalities (as listed below). In particular, you must consider outcomes in terms of the **effectiveness** of health services, the **safety** of the services, and the **quality of the experience** undergone by patients.

If after careful consideration, you conclude that your policy will not impact on patients who experience health inequalities adversely or positively, please state '**neutral**.' Information on mitigation of adverse impacts is included in the [Developing EHIA's Guidance](#).

Groups who commonly face health inequalities <sup>10</sup>	Summary explanation of the main potential positive or adverse impact of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
Looked after children and young people and people with experience of the care system.	There is an over-representation percentage wise (compared to the national percentage) of looked after children seen by services for children and young people with gender incongruence <sup>12</sup> .	The proposed service specification recognises that a significant number of children and young people with very complex needs may also be <i>Looked After</i> or may not live with their birth family and may require the active involvement from children’s social care and/or expert social work advice alongside support from the specialist service.
<b>Carers of patients:</b> unpaid, family members.	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing	
<b>People who experience homelessness.</b> People on the street; staying temporarily with friends /family; in hostels or B&Bs and other temporary accommodation.	<p>The charity <i>akt</i> reports that 24% of homeless people identify as “LGBT” but we do not have specific data on the prevalence of children 16 years and under who are homeless and who present with gender incongruence.</p> <p>The proposed service specification requires an individual to be registered with a GP.</p>	<p>Individuals who are homeless are more likely to encounter difficulties in registering with a GP, though the Care Wuality Commission provides <a href="#">access to research that</a> 92% of homeless people surveyed were registered with a GP.</p> <p>NHSE has issued guidance to GP practices, based on the Patient Registration Standard Operating Principles for Primary Medical Care (2015) that “<i>A homeless patient cannot</i></p>

<sup>10</sup> Please note many groups who share protected characteristics have also been identified as facing health inequalities.

<sup>12</sup> Interim report of the Cass Review, 2022

Groups who commonly face health inequalities <sup>10</sup>	Summary explanation of the main potential positive or adverse impact of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
		<i>be refused registration on the basis of where they reside because they are not in settled accommodation". GP practices have a responsibility to register people who are homeless, or have no fixed abode or are legitimately unable to provide documentation living within their catchment area.</i>
<b>People in contact with the criminal justice system:</b> offenders in prison, probation populations, ex-offenders.	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing services or achieving outcomes for this group.	
People with drug and alcohol dependence.	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing services or achieving outcomes for this group.	The service specification sets out a model of care that will be holistic, multi-disciplinary and will take an integrated approach to assessing and responding to an individual's needs and will recognise the range of co-presentations that may present in this patient cohort. By addressing the most appropriate clinical pathway in the best interest of the child or young person, the specification will increase the likelihood of having a positive impact on those referred to the who might have addictions or substance misuse issues.

Groups who commonly face health inequalities <sup>10</sup>	Summary explanation of the main potential positive or adverse impact of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
		The standardised assessment process that is detailed in the service specification will ensure that the service should identify and confirm any significant co-existing conditions or challenges, including addictions or substance misuse, which will also have a positive impact on this group.
People or families on a low income.	Some children and young people who are sourcing hormone medications from private providers, including unregulated providers, may be doing so in the expectation that the NHS Children and Young People's Service will agree to assume responsibility for prescribing or agree a shared care approach for prescribing. This will not be possible under the terms of the proposed service specification.	This may disproportionately impact families on a low income if in response, they seek access to (or continue with access to) hormone interventions from private providers. The proposed service specification strongly cautions individuals against using medications from unregulated sources.
<b>People with poor literacy or health literacy:</b> (e.g. poor understanding of health services, low levels of reading or writing ability, or people who do not speak fluent English).	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing services or achieving outcomes for this group.	
People living in deprived areas.	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the	

Groups who commonly face health inequalities <sup>10</sup>	Summary explanation of the main potential positive or adverse impact of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
	view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing services or achieving outcomes for this group.	
People living in remote, rural, coastal and island locations.	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing services or achieving outcomes for this group.	Over the longer term, the expansion of the number of services across the country may reduce current adverse impacts such as travel costs and inconvenience of travelling long distances.
Refugees, asylum seekers or those experiencing modern slavery.	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing services or achieving outcomes for this group.	
<b>People who are digitally excluded:</b> People who have little or no access to digital devices or internet connection, or who lack the skills	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing services or achieving outcomes for this group.	The CYP Gender National Referral Support Service, and commissioned providers, have arrangements in place to support individuals and families who require help in using digital forms.

Groups who commonly face health inequalities <sup>10</sup>	Summary explanation of the main potential positive or adverse impact of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
and knowledge to use digital devices, processes and systems. <sup>11</sup>		
Members or former members of the armed forces, and service families.	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing services or achieving outcomes for this group.	

Other groups experiencing health inequalities. Please name:	Summary explanation of the main potential positive or adverse impact of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact

## 6. Engagement and consultation

a. Has **your team** undertaken any engagement or consultative activities in relation to the policy that considered how to address equalities issues or reduce health inequalities? Please place an 'x' in the appropriate box below.

<sup>11</sup> This also includes those at risk of exclusion due to evolving technology, financial challenges, life transitions, or inadequate support for adapting to digital advancements.

Yes X	No
-------	----

b. If yes, please list up to 5 of the most important engagement or consultation activities by completing the table below.

Name of engagement and consultative activities undertaken		Summary of engagement or consultative activity undertaken and what was learned from it in relation to addressing equalities issues and/or reducing health inequalities. How that has informed the final policy?	Date of activity (Month/Year)
1	Public consultation	The majority of the proposed service specification reflects the terms of the interim service specification (June 2023) that was agreed following a process of public consultation in 2022. Amendments were made to the draft EHIA.	August 2022
2	Stakeholder engagement	A process of stakeholder engagement was held on a proposed final service specification was held in April 2025 following publication of the Cass Report in 2024. Amendments were made to the draft EHIA.	April 2025
3	Public consultation	A process of public consultation was held on a proposed final service specification between August and November 2025. Amendments were made to the draft EHIA.	August 2025

7. What other key sources of evidence have informed your impact assessment?

Evidence Type	Key sources of available evidence	Date of evidence (Year)
Published evidence	As detailed in the final report of the Cass Review (April 2024).	
Other published written consultation, engagement or other involvement findings <sup>12</sup>	As detailed in the final report of the Cass Review (April 2024).  As detailed in the public consultation undertaken on the interim service specification and associated analysis report (2022) and the outcome of public consultation on a final proposed service specification between August and November 2025.	

<sup>12</sup> Other published information means relevant authoritative published reports or information on which you have been able to draw,

Evidence Type	Key sources of available evidence	Date of evidence (Year)
Research		
Expert knowledge: For example, expertise within the team or expertise drawn on external to your team		
Other (if any)		

**8. Were there any important gaps in the identified evidence, in relation to equalities and /or health inequalities, and are there any steps that may reasonably be taken to address these gaps?**

There is limited evidence about the reasons for the disproportionate increase in natal females to paediatric gender services in the past ten years. Through a National Research Oversight Board, NHS England and the NHS CYP Gender Services are establishing, over time, a broad research portfolio including a living systematic review that will increase the evidence for the commissioning and delivery of children’s gender services.

**9. Is your assessment that your policy will support compliance with the Public Sector Equality Duty?** Please add an ‘x’ to the relevant box below and include an explanation of your assessment. You might find the [guidance](#) helpful when answering this question.

	The policy will support	The policy may support	Uncertain if the policy will support	The policy will not support
Tackling discrimination, harassment and victimisation	X			

Advancing equality of opportunity	X			
Fostering good relations		X		
<b>Assessment</b> It is known that some groups and individuals oppose the clinical model recommended by the Cass Review and adopted by NHS England through the proposed service specification, hence the policy 'may' foster good relations rather than 'will'.				

**10. How confident are you that the actions outlined above will support reducing health inequalities?** Please add an 'x' to the relevant box below and include any explanation of your assessment. You might find the [guidance](#) helpful when answering this question.

	Very confident	Somewhat confident	Not very confident	Not at all confident
Reducing inequalities people face in access to health care	X			
Reducing inequalities in health outcomes for patients	X			
Reducing inequalities in the effectiveness of services and the health outcomes achieved for patients	X			
Reducing inequalities in the safety of the services and health outcomes achieved for patients	X			
Reducing inequalities in the quality of the experience undergone by patients and the health outcomes achieved for patients.		X		
<b>Assessment</b> It is known that some groups and individuals oppose the clinical model recommended by the Cass Review and adopted by NHS England through the proposed service specification, and as such some stakeholders will disagree with the analysis and conclusions of this EHIA.				

**11. Summary assessment of this EHIA's findings**

Please summarise whether the findings are that this policy will or will not contribute to eliminating prohibited conduct (including discrimination, harassment, and victimisation), advancing equality of opportunity, fostering good relations, and/or reducing health inequalities. If no impact is identified, please summarise why below.

The proposed service specification is a reasonable and appropriate measure that is intended to confer benefit upon a cohort of children and young people who may have gender incongruence or gender dysphoria by way of describing a safe service that is evidence based, and that will operate in a robust clinical governance framework, and that offers an integrated approach to responding to a child or young person's overall and individual health needs. We have detailed above the areas of the service specification that should have a positive impact on those with protected characteristics and other groups who experience health inequalities.