

Jackie Irvine
CEO
The Care Inspectorate
Cc Doug Moodie, Chair of the Board

Dear Ms Irvine,

The Women's Rights Network is grassroots movement of women across the UK. We are Scottish members of the network which include Social Workers, Social Work academics, Teachers, Educational psychologists and Professionals who work and care for looked after children. We are seriously concerned about the 'Guidance for children and young people's services on the inclusion of transgender including non-binary young people' published by the Care Inspectorate in May 2023.

The Guidance raises a number of significant safeguarding concerns.

1. The organisation involved in the development of the Guidance
2. The lack of safeguarding apparent in the document
3. The guidance fails to meet the Health and Social Care Standards which the Care Inspectorate need to take account of when doing inspections used by the Care Inspectorate to inspect services

Concern 1

The Guidance has been developed by LGBT Youth Scotland, yet LGBT Youth Scotland are currently subject to investigations by Police Scotland for allegations of historical grooming and sexual abuse.

Concerns have also been reported to the Office of the Scottish Charity Regulator (OSCR) regarding such issues as:

- Referring young girls to breast binding services, doing so in chat rooms and sending information to private email addresses to which parents did not have access
- Signposting young people to Mermaids, despite this being a discredited organisation under investigation by the Charity Commission
- Guidance to young lesbians advising them that their lesbian partners could have a penis

OSCR has issued guidance to LGBT Youth Scotland's trustees as a result of these concerns being raised.

Given these major concerns about LGBT Youth Scotland it is incomprehensible why an organisation who has responsibility for the safety and protection of children and young people and who scrutinises the quality of care in Scotland would not consider an association with this organisation a major risk and a serious failure to safeguard children and young people.

Concern 2

The document has a number of areas which demonstrate a lack of safeguarding concern. The Guidance fails to mention and disregards the evidence from the Interim Report of the Cass Review of the Tavistock Gender Identity Development Service.

(<file:///C:/Users/User/Downloads/Cass-Review-Interim-Report-Final-Web-Accessible.pdf>)

The Interim Report highlighted:

- Risks associated with medical and surgical transition
- Acknowledges that neurodivergent and autistic young people are much more likely to identify as transgender
- There is an over-representation of looked after children
- Serious concerns about the lack of effective assessment and support for young people experiencing gender confusion or dysphoria.

The Sandyford Gender Service has followed a similar model to that of the Tavistock GIDS. There have been calls for the Sandyford to be investigated as a result of the concerns raised in the Cass Review but these have been ignored.

The guidance acknowledges that neurodivergent and autistic young people are much more likely to identify as transgender. However, the implications of this in respect of safeguarding of these children are ignored.

Children and young people involved with care services are very likely to have a range of psychological difficulties and traumatic and abusive experiences that may impact upon their sense of self, gender identity and body image. Such young people are vulnerable to interventions that promise resolution of their distress and confusion.

The Guidance is based on a belief that children and young people can change sex and should be affirmed in any stated desire to transition to live as if they were the opposite sex. This is factually incorrect, but acting on that basis risks denying young people the protections required for their biological sex. There is a strong body of evidence to suggest that for many young people their gender confusion or dysphoria reduces or resolves over time.

Encouraging people to believe that they can become another sex and that will resolve their emotional and psychological difficulties is irresponsible and will lead to long term harm for these children.

Care professionals should provide evidence-based advice, support and guidance. Indeed, this is a requirement of the Health and Social Care Standards. However, no research or evidence to support claims is made in the guidance is provided.

As already stated, the Cass Review is ignored but also international research about the efficacy, safety and outcomes of transition surgery and medication. Such as: -

Abbruzzese et al (2023) The Myth of “Reliable Research” in Paediatric Gender Medicine: A critical evaluation of the Dutch Studies

Biggs M. (2022) The Dutch Protocol for Juvenile Transsexuals: Origins and Evidence
<https://www.tandfonline.com/action/doSearch?AllField=Biggs+M.+%282022%29++The+Dutch+Protocol+for+Juvenile+Transsexuals%3A+Origins+and+Evidence>

Vendeuse E. (2022) Detransition-Related Needs and Support: A Cross-Sectional Online Survey
<https://www.tandfonline.com/doi/full/10.1080/0092623X.2022.2121238>

The CASS Report also highlighted that social transitioning represents a serious intervention in a young person's life. Young people need support, guidance and counselling to address the impact of their traumatic experiences on their emotional, physical and sexual identity. Professionals should not be promoting an ideology that encourages life-changing medical and surgical interventions that result in sterilisation and removal of healthy body parts. Reference in the Guidance to supporting a young person to have healthy body parts surgically altered or removed is abhorrent.

The reference in the Guidance to young people over the age of 12 years having capacity to make decisions about medical treatment in the context of these medical decisions is appalling. The Age of Legal Capacity (Scotland) Act 1991 actually states:

(4) A person under the age of 16 years shall have legal capacity to consent on his own behalf to any surgical, medical or dental procedure or treatment where, in the opinion of a qualified medical practitioner attending him, he is capable of understanding the nature and possible consequences of the procedure or treatment.

www.legislation.gov.uk/ukpga/1991/50/enacted

It is hard to think that a 12-year-old has the capacity to understand the ramifications and long-term consequences of being sterilised through the long-term use of cross sex hormones or the inability to breast feed a child following a double mastectomy. This is supported by evidence from detransition research which highlights serious concerns that the risks and consequences of medical and surgical transition are not well understood prior to undergoing the procedures. Therefore, this calls into question the concept of informed consent.

Another safeguarding failure is the lack of consideration given to the privacy and dignity of others in a residential setting for example girls in particular, who may have to share rooms with biological boys and may have difficulty and anxiety with this. Services are allowed to provide single sex services under the Equality Act 2010.

Staff and young people also hold the right to believe that gender identity is a social construct and the biology is immutable there is no consideration of the psychological impact this might have on all concerned.

Nowhere in the guidance are parents mentioned. Children and young people who are looked after or attending residential schools will have parents. The majority of parents will continue to have parental rights. The focus is on making the individual feel included within a setting but not how this might impact on their families and wider social networks.

Concern 3

In producing this guidance, the Care Inspectorate has failed to meet the standards it expects of organisations. Specifically, these are: -

“4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.”

<https://hub.careinspectorate.com/media/2544/sg-health-and-social-care-standards.pdf>

Nor does it meet the Quality Framework Quality indicator 1.3: Children and young people's health benefits from their care and support experience: experience care and support based on relevant research, guidance, standards and good practice.

[https://www.careinspectorate.com/images/documents/5124/A%20quality%20framework%20for%20care%20homes%20for%20children%20and%20young%20people%20and%20school%20care%](https://www.careinspectorate.com/images/documents/5124/A%20quality%20framework%20for%20care%20homes%20for%20children%20and%20young%20people%20and%20school%20care%20)

Conclusion

We believe this Guidance presents a serious risk to the wellbeing of vulnerable children and young people. In providing this Guidance, the Care Inspectorate has ignored all evidence that does not support the ideology promoted by LGBT Youth Scotland. The guidance pays no attention to the wider social networks, children have and there is no clarity on how involved parents are, in any decisions, that are made. Wider safeguarding for other children and young people is simply ignored. The promotion of medical damage to healthy children and young people is beyond reprehensible.

Finally, in producing this guidance the Care Inspectorate has ignored the standards that it sets other organisations it inspects. In our opinion this calls into question your ability to look at the quality of care in Scotland to ensure it meets high standards and ensure that everyone experiences safe, high-quality care that meets their needs, rights and choices is met.

In view of the above we request that you withdraw this Guidance immediately.

Yours sincerely

Mary Howden
WRN Scotland Co-ordinator

On behalf of WRN Scotland