Department of Health & Social Care

From the Rt Hon Wes Streeting MP
Secretary of State for Health and Social Care

39 Victoria Street
London
SW1H 0EU

13 January 2026

Dear colleagues,

Thank you for your letter dated 5 December in relation to the PATHWAYS trial.

The Cass Review laid bare the inadequacies of the Gender Identity Development Service (GIDS) at the Tavistock and how children and young people under its care were failed. The Review rightly received cross-party support as the most definitive assessment of children's gender services and gender identity to date. I support the Review and its recommendations in full.

It is fair to say that there are strongly held beliefs among some that puberty suppressing hormones have helped with mental health problems and distress associated with gender dysphoria. For some children, there is a fear that puberty suppressing hormones were the starting point of a medical pathway with no off-ramp. The Cass Report also reported concerns around the long-term implications for a child's development of taking these hormones during adolescence.

In spite of the indefinite restrictions introduced by this government, some young people are going to great lengths to source these drugs from unregulated providers, drawn down this path because they feel they have no other way to go, so limited is the access to information, evidence, and support on whether this is the right path for them or not.

With the strongest safeguards possible, the trial is the only way to manage the risks from both sides – the risks to young people who are using puberty suppressing hormones in an unmanaged way and the risks to young people experiencing extreme mental anguish by not accessing puberty suppressing hormones – and get the evidence needed for this extremely vulnerable and distressed group of young people.

The bar for a UK clinical trial to be approved is extremely high, with the PATHWAYS trial going through rigorous rounds of scientific, clinical, ethical and regulatory review. It was approved by an independent National Institute for Health and Care Research (NIHR) funding committee, with the final protocols all subject to rigorous approval processes from both the Medicines and Healthcare Regulatory Agency and the Health Research Authority - including review by an independent Research Ethics Committee. The Commission on Human Medicines also considered information on the trial in detail and made recommendations that were adopted by the study team. In short, it could not have received more oversight and scrutiny from a wide array of independent researchers and clinicians.

Because protecting and promoting the health and well-being of affected young people is our primary concern, there are strict eligibility criteria in place to join the PATHWAYS clinical trial. Clinical assessment and parental consent are at the heart of this. As such, the number of young people who would expect to qualify for the trial will also be extremely low.

There is a triple lock of checks on an individual, clinical and national level.

To be eligible, young people must have been seen by one of the new gender services across the country, and they must have gone through multiple checks, which will typically take several months.

When the young person then signs up for the trial, they will need to give consent, or "informed assent" – which means they would need to repeat back to the clinician what the risks are, what they understand by those risks, and why they want to go through them. While there is not – strictly speaking – a lower age range for the trial, the assent processes are such that – in practice – the research team believe that only an extremely small number of children under the age of 12 could be eligible, because the judgment is based on their ability to give that informed assent.

That child's parent or guardian will then need to provide informed consent. Parental consent is an integral component of the trial, with the parent or legal guardian needing to not only agree to their child's involvement but also demonstrate sufficient understanding of the nature of the treatment themselves. The clinical team looking after that young person will then crucially make a judgement on whether to allow the young person onto that trial. They will do so based on a number of factors, including their mental and physical health, whether they may actually benefit from puberty suppressing hormones, and the wellbeing of that young person - including family dynamics.

That would include how the clinical team judge the impact of parental involvement, reaching across the full spectrum from whether a parent feels this is the only choice for their child, to where they may be imposing a view on that child.

After these factors are all taken into account, the decision to put a child or young person on the trial must then be ratified by a national multidisciplinary team.

This will mean a very small number of children will actually qualify to be put on the trial, with their safety paramount. Those young people receiving (or not receiving) puberty suppressing hormones will continue to receive holistic treatment provided as part of newly established regional NHS Children and Young People's Gender Services, whose practices have been shaped by the recommendations of the Cass Review.

Children's healthcare must always be led by evidence. Medicine has been provided with insufficient evidence, and young people have been left to go without the support and care that they need. This Government is determined to change that, and it is only through evidence-based research that we can take the heat out of the debate and determine the most effective way to support these young people.

The NHS England and NIHR programme of research includes a data linkage study which will enable us to learn from the experience and outcomes of up to 9,000 individuals cared for under a previous (and now decommissioned) model of NHS gender care. The PATHWAYS clinical trial itself is specifically designed to provide high-quality evidence on puberty-suppressing treatments in children approaching or experiencing puberty. Only a clinical trial (and longer-term follow-up) can isolate which outcomes can be ascribed to these treatments, supporting evidence-based decisions for future care.

You asked what would constitute a successful outcome. I want to be in a position where children's healthcare is informed by high quality evidence on the safety and efficacy of treatments, which the Cass Review found was severely lacking at the Tavistock.

Finally, it is important to reiterate that gender incongruence is real and internationally recognised disorder. It is defined in the International Classification of Diseases Eleventh Revision as "*a marked and persistent incongruence between an individual's experienced gender and the assigned sex*". What it does not describe is girls and boys experimenting with gender norms, which for many children is a normal part of growing up.

I hope this reply is helpful. My approach up to this point has been led by the evidence, not ideology – and that will continue to be the case.

Yours ever,

RT HON WES STREETING MP