

s22

From: MURPHY, Brendan
Sent: Thursday, 18 August 2022 9:30 AM
To: Bernadette McDonald
Subject: RE: Examination of the Cass Review and considerations of implications for The RCH Gender Service [SEC=OFFICIAL]

Thanks B

Brendan Murphy
Secretary
Department of Health
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From: Bernadette McDonald s47F @rch.org.au>
Sent: Thursday, 18 August 2022 9:17 AM
To: MURPHY, Brendan <Brendan.Murphy@health.gov.au>
Subject: Examination of the Cass Review and considerations of implications for The RCH Gender Service

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Dear Brendan, I thought this might be helpful.
Kind Regards
Bernadette

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BY THE DEPARTMENT OF HEALTH AND AGED CARE

Examination of the Cass Review and considerations of implications for The RCH Gender Service.

Commissioned in September 2020, an independent review led by paediatrician Hillary Cass examined NHS gender identity services for children and young people in England. These services are currently provided by a single specialist clinic known as the Gender Identity Development Service (GIDS) through the Tavistock and Portman NHS Foundation Trust.

GIDS is a mental health service for children and young people which services a population of 60 million people. Its [website](#) currently states that the number of people on the waiting list is 11,407 and 50 new appointments were offered in the previous month. If approximately 600 new patients can be seen per year, on current data, a person being referred today will not receive care for another 19 years.

After consulting people with gender diversity, health professionals, and support and advocacy groups, Dr Cass released an interim report in March 2022, followed by a letter outlining her recommendations to the National Director of the NHS England published in July 2022. The letter and an editorial examining the interim report published in the BMJ and authored by Assoc. Prof. Ken Pang, Jeremy Wiggins and Assoc. Prof. Michelle Telfer in April 2022, is attached.

Dr Cass advised the NHS England that, “in order to meet current demand and provide a more holistic and localised approach to care, gender identity services for children and young people need to move from a single national provider to a regional model.”

The essential components recommended by the Cass Review for the new regional services include:

- Provision of individualised, comprehensive patient and family-centred care.
- Integration of services to improve the experience of care including access to local community support services.
- A multi-professional workforce providing mental health services with appropriate services for young people with neurodiverse presentations, medical treatment when considered appropriate, with access to endocrinology and fertility services.
- Established academic and education functions
- Ongoing research and education embedded within the service delivery model
- Collaboration with local services in a shared-care model
- Intake procedures to ensure care is directed in an individualised manner

Dr Cass also reported on the need for:

- Building of research capacity in the national network to address knowledge gaps, especially with regards to the long-term outcomes of medical intervention. This includes development of a prospective study to look at progression and outcomes into adulthood.

Relevance to Australia and to The RCH Gender Service

Australia has a number of established, specialist gender services for children and young people based within the tertiary hospital system. These tertiary centres are currently located in Perth, Brisbane, Adelaide, Hobart, Sydney and Melbourne. Multidisciplinary services across primary, secondary and tertiary care also available in Newcastle, Albury-Wodonga and Canberra. All the national gender services work in collaboration both clinically and across academic and research activities.

The Royal Children's Hospital Gender Service already meets the criteria that Dr Cass has recommended to be implemented in England. Whilst we also struggle to meet demand in a timely way, we have anticipated this and are involved in a number of projects to improve access to care through collaborations with our clinical colleagues in

Assoc. Professor Michelle Telfer 17 August 2022

primary and secondary care settings. This includes the “Gender Service Expansion Project”, a collaboration funded by the Victorian Government in 2021 which brings together Orygen and their five associated headspace centres in northwest metropolitan Melbourne, RCH, Monash Health, Transgender Victoria and Transcend Australia.

The RCH Gender Service specifically meets the components recommended in the Cass Review including:

- Tertiary, multi-disciplinary, integrated care delivered in a comprehensive, patient and family centred model
- An intake model, known as the Single Session Nurse Assessment Clinic (SSNac), is in place to better direct patients and families to medical and/or non-medical pathways and linkage to primary and secondary clinical services in the community
- Integration of mental health, paediatric, endocrinology, gynaecology, fertility services and nursing expertise all collocated at the RCH
- Formalised access to the RCH multidisciplinary autism team conducting formal autism assessments
- Collaborative, shared care arrangements with primary care clinicians (GPs and psychologists) and family and peer support groups (Transcend Australia, TGV, Queerspace and others)
- Educational activities integrated into the structure of the service for the professional development of staff, medical students and training of external providers
- Coordination with the RCH Education Hub and University of Melbourne for Educational activities
- A research program, led by Assoc. Prof. Ken Pang and based at the MCRI, undertakes multiple research activities including our flagship Trans20 study. Trans20 is a longitudinal cohort study which aims to prospectively follow the cohort of 620 young people and their families over a 20 year period of time. Outcomes will include mental health, physical health, educational, quality of life and family functioning as well as progression of gender identity over time. The cohort was recruited between 2017 and 2020 with funding confirmed until 30 June 2024
- Clinical evaluation is undertaken for all new patients using the questionnaires of the Trans20 study so current data can be obtained outside of the Trans20 cohort for clinical care and quality assessment
- Publication of data and outcomes since 2012
- Involvement in a national approach to research, submitted via the NHMRC in 2020 and 2021.
- Care provision follows our national guidelines, The Australian Standards of Care and Treatment Guidelines which were praised by an [editorial](#) in The Lancet in 2018.

In addition to the recommendations of the Cass Review, the RCH Gender Service has:

- Developed strong links to the trans and gender diverse community across Australia
- Created a consumer advisory group consisting of trans children, young people and families
- Enabled active involvement of consumers with lived experience in the creation of research and clinical programs
- Undertaken advocacy efforts and achievements to improve trans rights including improved access to healthcare
- Contributed to government advisory committees since 2016
- Created hospital systems to better meet the needs of this population.

The response to the closure of GIDS at the Tavistock.

Predictably, the conservative press and anti-trans groups have celebrated the recommendation of closure of the Tavistock. This has been widely reported on internationally. It has also led to a rise in anti-trans activity via social media and other communication forums, directed at trans people themselves, their families and clinicians who provide care for them. The reporting by these media outlets does not reflect the reality of Dr Cass’ report and is extremely harmful to the trans community.

Issues the Tavistock had been facing prior to the Cass Review

Beyond the issue of extremely long waiting times, the Tavistock has not enjoyed a collaborative and supportive relationship with the trans community in the UK. Its model of care has been inflexible and outdated and is not consistent with international best practice, including their use of commencing puberty blockers in all post-pubertal adolescents who are requesting commencement of oestrogen or testosterone. Mental health services, located at the Tavistock, are separated from endocrinology and other medical services which were based in other hospitals, and it appears that primary and secondary providers were excluded from active involvement in collaborative care. Additionally, with a hostile anti-trans media in the UK and a high-profile legal case which brought significant negative press, clinicians did not enjoy a supportive working environment that enabled provision of best care.

There is reasonable concern from the trans community in England that a gap in health services provision is likely to occur in the short to medium term, as it will take time for the new regional centres to be established. Given the problems experienced at the Tavistock, the new regionalised model with multiple services integrated with primary and secondary care will be welcomed, should it be able to be established in an efficient and effective manner. There is room for optimism in the long term.

Summary

Whilst the RCH Gender Service also has high demand and a waiting list for those needing paediatric and mental health assessment that is 2.5 years long, we have been actively working over a number of years with collaborators across primary, secondary and other tertiary services to address this risk.

Considering the Cass Review recommendations, the RCH Gender Service, with a well-established, multidisciplinary, integrated and collaborative clinical service with community, educational and research programs embedded across the model, is ideally placed to continue to lead this field internationally.

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Minister	The Hon Ged Kearney MP
PDR Number	MB22-003386
Initiator	s22
Event Name	Reflections on The Dreamlife of Georgie Stone
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Clearance Officer	Celia Street, First Assistant Secretary, Population Health Division (02) 6289 s22 s22
Division/Branch	Population Health Division Health Equity Branch

Adviser/DLO comments:	Returned to Dept for: REDRAFT <input type="checkbox"/> NFA <input type="checkbox"/>
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The Hon Ged Kearney MP

Assistant Minister for Health and Aged Care

DRAFT SPEECH

Viewing of *The Dreamlife of Georgie Stone* - Reflections

14 November 2022

5 minutes [600 words]

- Thank you for the opportunity to share my reflections after the documentary.
- I would also acknowledge and offer my respect to the First Nations people who are the traditional owners of this part of Australia – the Ngunnawal (NUN-a-WOL) people.
- I pay my respects to their Elders past and present and I also acknowledge any and all First Nations people joining us today.
- I am Ged Kearney – Assistant Minister for Health and Aged Care.
- Since taking on my ministerial responsibilities earlier this year, and of course prior to this, I have had a focus on access and equity in health including for the LGBTIQ+ community.
- As a former nurse, and a unionist, I have a deep affinity to stories of people, stories of struggle, of family and making things better for others.
- Georgie's story is all of those things.
- At one point, in a conversation between Georgie and her mum, on the way to have gender affirming surgery, her mum told Georgie that 'this is just for you', she was right.

- But Georgie's story, and her life journey so far, is also so much more.

THE DREAMLIFE OF GEORGIE STONE

- Watching this film, seeing the emotion Georgie wore so plainly throughout, the support of her family, and their love for her, reminds us all that there are many ways we can fight for what is right.
- I challenge anyone to see Georgie and her drive, her struggle and her triumph to be herself and not feel the pull on their heartstrings.
- The emotion that played out during the documentary when we saw 15-year old Georgie, to being trans, and her desire to be herself was heartrending.
- Seeing someone display such strong emotions toward who they are, how they are in the world and the commitment to be true to herself.
- This is the story of one girl, but more than that it is a family story, a human story, and a story of humanity.
- I must commend Georgie and her family on their courage in sharing such an intimate and emotional story with the world.

TRANS HEALTH IN AUSTRALIA

- The Australian Government wants to achieve improved access to care and support and better health, mental health, and wellbeing outcomes for the LGBTIQ+ community, including the trans and gender diverse community.
- The trans and gender diverse community experience many obstacles in accessing and using the health care system – that includes accessing gender affirming care and support.
- Our October Budget increased support for LGBTIQ+ Australians and invested in better understanding their needs.
- We know that transgender children and adolescents have high rates of psychiatric comorbidities, self-harm and suicide attempts relative to the general population.

- That's why there is funding to boost QLife's peer support workforce to help reach more LGBTIQ+ Australians.
- This is in addition to our investment in a range of mental health and wellbeing programs and supports for LGBTIQ+ Australians including core funding for QLife, LGBTIQ+ suicide prevention activities, and funding for the digital platform Qheadsapce.
- We are also commencing a national consultation with LGBTIQ+ people on the unique health and mental health issues and barriers to access and care faced by LGBTIQ+ Australians.
- It is important that the national LGBTIQ+ consultation includes the lived experience of trans and gender diverse people to inform how to improve health care access and outcomes including for those seeking gender affirming care.
- I would welcome Transcend Australia's participation in the consultation and extend that invitation to other attendees, LGBTIQ+ people, their families and those providing services and support to the LGBTIQ+ community as well.

CONCLUSION

- Georgie and her family will carry the memory of her efforts – her fight – and her achievements for the rest of their lives.
- This documentary gives us all an opportunity to see some of what that means for them.
- I hope all Australians see this film and share in its life affirming message.
- *The Dreamlife of Georgie Stone* takes a considerable step in better understanding the challenges faced by transgender and gender diverse people.

- We should take Georgie's lead and work to reduce the stigma felt by trans people and work together to make their path through life better, fairer, and always full of love.
- Thank you, Georgie.

ENDS

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